

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40287

1. Entity Name

THE FLORIDA ASSOCIATION FOR HEALTH, PHYSICAL EDU
ALLIANCE

Principal Place of Business

4123 CREEKBLUFF DR.
ST. AUGUSTINE FL 32086

Mailing Address

4123 CREEKBLUFF DR.
ST. AUGUSTINE FL 32086-5812

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6141926

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SISCO, JAMES G
4123 CREEKBLUFF DR.
ST.AUGUSTINE FL 32086

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DTSM ☐ Delete
NAME SISCO, CAROL
STREET ADDRESS 4123 CREEKBLUFF DRIVE
CITY-ST-ZIP ST.AUGUSTINE FL 32086

TITLE DVP ☐ Change ☒ Addition
NAME LORILYNN BOWIE
STREET ADDRESS 1001 SE 12TH STREET
CITY-ST-ZIP GAINESVILLE, FL 32641

TITLE DPC ☐ Delete
NAME EVANS, VIRDEN
STREET ADDRESS 1628 HEDGEFIELD CT.
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DV ☐ Delete
NAME TUTKO, SUSAN
STREET ADDRESS 2055 CENTRAL AVE
CITY-ST-ZIP FT. MYERS FL 33901

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME FIFER, JEANNE
STREET ADDRESS 4434 HAYLOCK DR.
CITY-ST-ZIP ORLANDO FL 32807

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DP ☒ Delete
NAME EVANS, VIRDEN
STREET ADDRESS 1628 HEDGEFIELD, CT
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-17-2000 904/797-7229

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE