

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 03, 2001 08:00 AM****Secretary of State****DOCUMENT # N40287****1. Entity Name**THE FLORIDA ASSOCIATION FOR HEALTH, PHYSICAL EDUCATION  
, RECREATION, DANCE AND DRIVER EDUCATION, INC.**Principal Place of Business**

4123 CREEKBLUFF DR.

ST. AUGUSTINE  
32086

FL

**Mailing Address**

4123 CREEKBLUFF DR.

ST. AUGUSTINE  
32086

FL

**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; 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  
32086

FL

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

**04/03/2001**

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          | DVP                   | <input type="checkbox"/> Delete | TITLE          | DVP                         | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
|----------------|-----------------------|---------------------------------|----------------|-----------------------------|--|-----------------------------------|
| NAME           | BOWIE LORILYNN        |                                 | NAME           | JACKSON NEWTON              |  |                                   |
| STREET ADDRESS | 1001 SW 12TH STREET   |                                 | STREET ADDRESS | 2626 EAST PARK AVENUE #6201 |  |                                   |
| CITY-ST-ZIP    | GAINESVILLE FL 32641  |                                 | CITY-ST-ZIP    | TALLAHASSEE FL 32301        |  |                                   |
| TITLE          | DV                    | <input type="checkbox"/> Delete | TITLE          | DV                          | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME           | TUTKO SUSAN           |                                 | NAME           | BOWIE LORILYNN              |  |                                   |
| STREET ADDRESS | 2055 CENTRAL AVE      |                                 | STREET ADDRESS | 1001 SW 12TH STREET         |  |                                   |
| CITY-ST-ZIP    | FT. MYERS FL 33901    |                                 | CITY-ST-ZIP    | GAINESVILLE FL 32641        |  |                                   |
| TITLE          | DPC                   | <input type="checkbox"/> Delete | TITLE          | DPC                         | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME           | EVANS VIRDEN          |                                 | NAME           | TUTKO SUSAN                 |  |                                   |
| STREET ADDRESS | 1628 HEDGEFEILD CT.   |                                 | STREET ADDRESS | P.O. BOX 1269               |  |                                   |
| CITY-ST-ZIP    | TALLAHASSEE FL 32312  |                                 | CITY-ST-ZIP    | ESTERO FL 33928             |  |                                   |
| TITLE          | DTSM                  | <input type="checkbox"/> Delete | TITLE          |                             | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition |
| NAME           | SISCO CAROL           |                                 | NAME           |                             |  |                                   |
| STREET ADDRESS | 4123 CREEKBLUFF DRIVE |                                 | STREET ADDRESS |                             |  |                                   |
| CITY-ST-ZIP    | ST.AUGUSTINE FL 32086 |                                 | CITY-ST-ZIP    |                             |  |                                   |
| TITLE          |                       | <input type="checkbox"/> Delete | TITLE          |                             | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition |
| NAME           |                       |                                 | NAME           |                             |  |                                   |
| STREET ADDRESS |                       |                                 | STREET ADDRESS |                             |  |                                   |
| CITY-ST-ZIP    |                       |                                 | CITY-ST-ZIP    |                             |  |                                   |
| TITLE          |                       | <input type="checkbox"/> Delete | TITLE          |                             | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition |
| NAME           |                       |                                 | NAME           |                             |  |                                   |
| STREET ADDRESS |                       |                                 | STREET ADDRESS |                             |  |                                   |
| CITY-ST-ZIP    |                       |                                 | 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)(f), 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:**

Carol Sisco

DTSM

04/03/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)