

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N40287

FILED  
Apr 23, 2002 8:00 AM  
Secretary of State

**Entity Name:** THE FLORIDA ASSOCIATION FOR HEALTH, PHYSICAL EDUCATION, RECREATION, DANCE AND DRIVER EDUCATION, INC.

**Current Principal Place of Business:**

4123 CREEKBLUFF DR.  
ST. AUGUSTINE, FL 32086

**New Principal Place of Business:**

**Current Mailing Address:**

4123 CREEKBLUFF DR.  
ST. AUGUSTINE, FL 32086

**New Mailing Address:**

**FEI Number:** 59-6141926

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DTSM ( ) Delete  
Name: SISCO, CAROL  
Address: 4123 CREEKBLUFF DRIVE  
City-St-Zip: ST.AUGUSTINE, FL 32086

Title: DPC ( ) Delete  
Name: TUTKO, SUSAN  
Address: P.O. BOX 1269  
City-St-Zip: ESTERO, FL 33928

Title: DV ( ) Delete  
Name: BOWIE, LORILYNN  
Address: 1001 SW 12TH STREET  
City-St-Zip: GAINESVILLE, FL 32641

Title: DVP ( ) Delete  
Name: JACKSON, NEWTON  
Address: 2626 EAST PARK AVENUE #6201  
City-St-Zip: TALLAHASSEE, FL 32301

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DTSM (X) Change ( ) Addition  
Name: SISCO, CAROL P  
Address: 4123 CREEKBLUFF DRIVE  
City-St-Zip: ST.AUGUSTINE, FL 32086

Title: DPC (X) Change ( ) Addition  
Name: BOWIE, LORILYNN  
Address: 1001 SW 12TH STREET  
City-St-Zip: GAINESVILLE, FL 32641

Title: DV (X) Change ( ) Addition  
Name: JACKSON, JR, NEWTON E DR.  
Address: 2626 EAST PARK AVENUE #6201  
City-St-Zip: TALLAHASSEE, FL 32301

Title: DVP (X) Change ( ) Addition  
Name: POWERS DAY, LADONNA  
Address: 5976 MOORS OAKS DRIVE  
City-St-Zip: MILTON, FL 32583

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL P. SISCO

MRS.

04/23/2002

Electronic Signature of Signing Officer or Director

Date