

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90291 047 ****61.25

DOCUMENT # N40853

1. Entity Name

FLORIDA ASSOCIATION FOR STAFF DEVELOPMENT, INC.

Principal Place of Business

PO BOX 361
 BROOKSVILLE FL 34605
 US

Mailing Address

PO BOX 361
 BROOKSVILLE FL 34605
 US

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

59-2267095

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

A.G.C., CO.
 200 SOUTH ORANGE AVE.
 SUITE 2300
 ORLANDO FL 32801

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 **P** ☒ Delete
 NAME **WEBB, STEPHANIE**
 STREET ADDRESS **18356 DEEP PASSAGE LANE**
 CITY-ST-ZIP **FORT MYERS BEACH FL 33931-2313**

TITLE **P** ☒ Change ☐ Addition
 NAME **Theresa Croteau**
 STREET ADDRESS **2757 West Pensacola Street**
 CITY-ST-ZIP **Tallahassee, FL 32304**

TITLE **PE** ☒ Delete
 NAME **CROTEAU, THERESA**
 STREET ADDRESS **2757 W PENSACOLA STREET**
 CITY-ST-ZIP **TALLAHASSEE FL 32304**

TITLE **PE** ☒ Change ☐ Addition
 NAME **Neal Meadows**
 STREET ADDRESS **753 West Boulevard**
 CITY-ST-ZIP **Chipley, FL 32428**

TITLE **S** ☐ Delete
 NAME **SMITH, TERRI**
 STREET ADDRESS **2757 W PENSACOLA STREET**
 CITY-ST-ZIP **TALLAHASSEE FL 32304**

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

TITLE **T** ☐ Delete
 NAME **VERNER, MARY**
 STREET ADDRESS **PO BOX 361**
 CITY-ST-ZIP **BROOKSVILLE FL 34605**

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

TITLE **D** ☒ Delete
 NAME **MILLER, MARGARET DR.**
 STREET ADDRESS **UCF COLLEGE OF EDUCATION, RM. 115**
 CITY-ST-ZIP **ORLANDO FL 32816**

TITLE **D** ☒ Change ☐ Addition
 NAME **Debbie Cooke**
 STREET ADDRESS **3372 Forest Hill Blvd. - B-101**
 CITY-ST-ZIP **West Palm Beach, FL 33406**

TITLE **D** ☒ Delete
 NAME **KASPERT, JOANNE**
 STREET ADDRESS **1080 LABARON DRIVE**
 CITY-ST-ZIP **MIAMI SPRINGS FL 33166**

TITLE **D** ☒ Change ☐ Addition
 NAME **Betsy Cline**
 STREET ADDRESS **1020 Janet Drive**
 CITY-ST-ZIP **Lakeland, FL 33805**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (9/01)