

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90095 043 \*\*\*\*61.25

**DOCUMENT # N42233**

T. Entity Name

**THE FLORIDA ENDOWMENT FOUNDATION FOR VOCATIONAL  
REHABILITATION, INC.**

Principal Place of Business

Mailing Address

106 E COLLEGE AVE  
820  
TALLAHASSEE FL 32301  
US

106 E COLLEGE AVE  
SUITE 820  
TALLAHASSEE FL 32301  
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

**59-3052307**

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

**GRIFFITH, SHARON**  
**3311 VAILLAN CT.**  
**TALLAHASSEE FL 32312**

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 ☐ Delete  
NAME **T**  
STREET ADDRESS **AMORES, ELADIO A**  
CITY-ST-ZIP **TAMPA INTERNATIONAL AIRPORT, SUITE A-24**  
**TAMPA FL 33607**

TITLE ☐ Change ☒ Addition  
NAME **Payne, Sierra G.**  
STREET ADDRESS **4002 Buchanan Street**  
CITY-ST-ZIP **Hollywood, FL 33021-5911**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **BONSUK, FLORENCE M**  
CITY-ST-ZIP **214 WORTH AVENUE 4410 Lacey Oak Drive**  
**PALM BEACH FL 33480 Palm Beach Gardens, FL**

TITLE ☐ Change ☒ Addition  
NAME **Saunders, James G.**  
STREET ADDRESS **326 Inner Harbour Circle**  
CITY-ST-ZIP **Tampa, FL 33602**

TITLE ☐ Delete  
NAME **SD**  
STREET ADDRESS **DOLAN, JAMES P**  
CITY-ST-ZIP **4802 DEER ALKE DRIVE EAST 3556 Silvery Lane**  
**JACKSONVILLE FL 32246-8484 32217**

TITLE ☐ Change ☒ Addition  
NAME **Spencer, Wendy M.**  
STREET ADDRESS **Department of State Parks**  
CITY-ST-ZIP **3900 Commonwealth Blvd., MS500**  
**Tallahassee, FL 32399**

TITLE ☐ Delete  
NAME **VCD**  
STREET ADDRESS **SMITH, JAMES L**  
CITY-ST-ZIP **205 SW 75TH ATREET APT 3F**  
**GAINESVILLE FL 32607**

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

TITLE ☐ Delete  
NAME **CD**  
STREET ADDRESS **MCMENNEY, DENNIS A**  
CITY-ST-ZIP **11819 SW 78TH STREET APT 3F**  
**GAINESVILLE FL 32607**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **PALLANGO, BRIDGET R**  
CITY-ST-ZIP **14130 S. BISCAYNE RIVER DRIVE**  
**MIAMI FL 33161**

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 #

**4/15/02 (050) 224-4493**

CR2E037 (9/01)