

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90155 044 ****61.25

0065913

DOCUMENT # N49819

1. Entity Name

HEART OF FLORIDA AUTISM SOCIETY, INC.

Principal Place of Business

Mailing Address

1319 GLENVIEW LANE
 LAKELAND FL 33813

1319 GLENVIEW LANE
 LAKELAND FL 33813

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

59-3132821

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

COTTON, RICKEY A.
1319 GLENVIEW LANE
LAKELAND FL 33813

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 PD
 NAME TAYLOR, PAM
 STREET ADDRESS 105 ELLEN CT. SE
 CITY-ST-ZIP WINTER HAVEN FL 33884 ☒ Delete

TITLE PD
 NAME Dawson, Angie
 STREET ADDRESS 963 Whisper Lake Dr. SW
 CITY-ST-ZIP Winter Haven, FL 33880 ☒ Change ☐ Addition

TITLE VP
 NAME DAWSON, ANGIE
 STREET ADDRESS 963 WHISPER LAKE DR. SW
 CITY-ST-ZIP WINTER HAVEN FL 33880 ☒ Delete

TITLE VP
 NAME Taylor, Pam
 STREET ADDRESS 105 Ellen Ct. SE
 CITY-ST-ZIP Winter Haven, FL 33884 ☒ Change ☐ Addition

TITLE TD
 NAME COTTON, RICKEY
 STREET ADDRESS 1319 GLENVIEW LANE
 CITY-ST-ZIP LAKELAND FL 33813 ☐ Delete

TITLE TD
 NAME cotton, Rickey
 STREET ADDRESS 1319 Glenview Lane
 CITY-ST-ZIP Lakeland, FL 33813 ☐ Change ☐ Addition

TITLE SD
 NAME MANNING, TERESA
 STREET ADDRESS 3133 W. HENDERSON CIRCLE
 CITY-ST-ZIP LAKELAND FL 33803 ☒ Delete

TITLE S.D.
 NAME Dennis, Mindy
 STREET ADDRESS 1709 Huntington St.
 CITY-ST-ZIP Lakeland, FL 33801 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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: *Rickey A. Cotton*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-01 (863)644-4828
 Date Daytime Phone #

CR2E037 (10/00)