## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # N49819**

1. Entity Name

## HEART OF FLORIDA AUTISM SOCIETY, INC.



## FILED Apr 07, 2003 8:00 am Secretary of State

04-07-2003 90736 015 \*\*\*\*61.25

|  |   |  |   | S. WEITS  | <b>7</b>   |                                      |   |
|--|---|--|---|---|--|--------------------------------------|---|
| Principal Plac   | e of Business   | Mailin                                 | g Address                               |   |  |                                      |   |
| 1319 GLENVIEW LANE<br>LAKELAND FL 33813  |   |  | 1319 GLENVIEW LANE<br>LAKELAND FL 33813 |   | 1  |                                      |   |
|  |   |  |   |   | EBB(1(B) B() B() B() B   | 181 1828: 11818 1871 87871 81871 818 | U BIRU BIRU BIRU BIRU IRRI                        |
| 2. Principal P   | Place of Business   | 3. Mai                                 | ling Address                            |   |  |                                      |   |
| Suite, Apt.  | # etc   | Su                                     | ite, Apt. #, etc.                       | <del></del>   |  |                                      |   |
|  |   | er '/ # #                              | Carto, April 19, 500.                   |   | _ `  | CK HER <u>e if Making</u> Ch         | ANGES   |
| City & State   |   | Cit                                    | City & State                            |   | 4. FEI Number 59-31  | 4. FEI Number <b>59-3132821</b>      |   |
| Zip  | Count   | ry Zìr                                 | )                                       | Country   | 5. Certificate of Status   |                                      | .75 Additional<br>Required                        |
|  | 6. Name and Addr  | ess of Current Registere               | d Agent                                 |   | 7. Name and Address  | of New Registered Age                | nt  |
|  | Marine a  |  |   | Name  |  |                                      |   |
| COTTON, RICKEY A   |   |  |   | Street Addres   | ss (P.O. Box Number is Not A   | cceptable)                           |   |
| LAKELAN  | ID FL 33813   | •,                                     | 7, 7,                                   |   |  |                                      |   |
| •  | ,   | · ·                                    | , , ,<br>                               | City  |  | FL                                   | Zip Code  |
|  | named entity submits t  |  | ose of changing its re                  | egistered office or regis   | stered agent, or both, in the S  | State of Florida. I am famil         | liar with, and accept                             |
| mé opugar  | iona or registered agent  |  |   | -   |  |                                      |   |
| SIGNATURE .  |   |  |   | <del></del>   |  |                                      |   |
| 4  | Signature, typed or printed nam   | e of registered agent and title if app | licable. (NOTE:                         | Registered Agent signature requ   | uired when reinstating)  | DATE                                 |   |
|  | <u>,                                    </u>  |  | 9. Election Camp                        |   | ¢5 00 5  | Make Check Pa                        | avable to   |
|  | FILE NOW: FEE IS  | 5 \$61.25                              | Trust Fund Co                           | ontribution.  | \$5.00 May Be<br>Added to Fees   | Florida Departme                     |   |
|  |   |  | *;                                      | - 10 . 10 /   |  |                                      |   |
| 10.  | PD  | ICERS AND DIRECTORS                    | □ Delete                                | TITLE   | ADDITIONS/CHANGES T  |                                      | Change Addition                                   |
| NAME   | DAWSON, ANGIE   |  | □ Delete                                | NAME  |  | L                                    | Change  |
| STREET ADDRESS   | 963 WHISPEFI LAKI   | E DR SW'                               |   | ' STREET ADDRESS  | ·  |                                      |   |
| CITY-ST-ZIP  | WINTER HAVEN FL   | 33880                                  | ; ;                                     | CITY-ST-ZIP.  |  |                                      |   |
| TITLE  | VP<br>TAYLOR, PAM   |  |   | Court annual  | 10 <u>;</u> in   | <u></u>                              |   |
| NAME<br>STREET ADDRESS   |   | a garanta                              | Delete                                  | TITLE   | 10 <u>, 15</u><br>21. ,186 , 1180 , 11   |                                      | Change Addition                                   |
|  |   | يريحا المحيي والما                     | Delete                                  | TITLE<br>NAME   | كان بالتان يباطئ عواما   |                                      | Change Addition                                   |
| CITY-ST-ZIP  | 105 ELLEN CT SE<br>WINTER HAVEN FL  | 33884                                  | Delete                                  | TITLE   | ne o se  |                                      | Change Addition                                   |
|  | 105 ELLEN CT SE<br>WINTER HAVEN FL<br>TD  | 33884                                  |   | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   | كان بالتان يباطئ عواما   |                                      | Change Addition  Change Addition                  |
| CITY-ST-ZIP TITLE NAME   | 105 ELLEN CT SE<br>WINTER HAVEN FL<br>TD<br>COTTON, RICKEY  |  | J - 454.5                               | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  | A CH   |                                      |   |
| CITY-ST-ZIP  | 105 ELLEN CT SE<br>WINTER HAVEN FL<br>TD<br>COTTON, RICKEY<br>1319 GLENVIEW LA  | NE                                     | Delete                                  | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   | A CH   |                                      |   |
| CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS   | 105 ELLEN CT SE<br>WINTER HAVEN FL<br>TD<br>COTTON, RICKEY  | NE                                     | Delete:                                 | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   | A STATE  |                                      |   |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  | 105 ELLEN CT SE<br>WINTER HAVEN FL<br>TD<br>COTTON, RICKEY<br>1319 GLENVIEW LA<br>LAKELAND FL 3381<br>SD<br>DENNIS, MINDY | NE<br>3                                | Delete                                  | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP   | A STATE  |                                      | Change  |
| CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS   | 105 ELLEN CT SE WINTER HAVEN FL TD COTTON, RICKEY 1319 GLENVIEW LA LAKELAND FL 3381 SD DENNIS, MINDY 1709 HUNTINGTON      | NE<br>3<br>STREET                      | Delete:                                 | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   | A STATE  |                                      | Change  |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  | 105 ELLEN CT SE<br>WINTER HAVEN FL<br>TD<br>COTTON, RICKEY<br>1319 GLENVIEW LA<br>LAKELAND FL 3381<br>SD<br>DENNIS, MINDY | NE<br>3<br>STREET                      | Delete                                  | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP   | A STATE OF THE STA |                                      | Change Addition  Change Addition                  |
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| CITY-ST-ZIP TITLE NAME STREET AODRESS CITY-ST-ZIP TITLE NAME STREET AODRESS CITY-ST-ZIP TITLE NAME STREET AODRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | 105 ELLEN CT SE WINTER HAVEN FL TD COTTON, RICKEY 1319 GLENVIEW LA LAKELAND FL 3381 SD DENNIS, MINDY 1709 HUNTINGTON      | NE<br>3<br>STREET                      | Delete  Delete  Delete                  | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  | A STATE OF THE STA |                                      | Change Addition  Change Addition  Change Addition |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE      | 105 ELLEN CT SE WINTER HAVEN FL TD COTTON, RICKEY 1319 GLENVIEW LA LAKELAND FL 3381 SD DENNIS, MINDY 1709 HUNTINGTON      | NE<br>3<br>STREET                      | Delete  Delete  Delete                  | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | A STATE OF THE STA |                                      | Change Addition  Change Addition  Change Addition |

2. I hereby certify that the information supplied with this filling 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:

4-3-03

863-644-4828

HZE037 (10/02)