

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90006 022 ****61.25

DOCUMENT # N92000000451

1. Entity Name

FLORIDA CHAPTER OF BATTEN'S DISEASE SUPPORT AND RESEARCH ASSOCIATION, A FLORIDA NONPROFIT CORPOR

Principal Place of Business

Mailing Address

1625 28TH AVE NORTH
 SAINT PETERSBURG FL 33713

1625 28TH AVE NORTH
 SAINT PETERSBURG FL 33713

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

59-3152894

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

UPCHURCH, KAREN A
1625 28TH AVENUE NORTH
ST. PETERSBURG FL 33713

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 **DP** ☐ Delete
 NAME **UPCHURCH, KAREN**
 STREET ADDRESS **1625 28TH AVE N**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33713**

TITLE **DV** ☒ Delete
 NAME **CEO, CARMEN**
 STREET ADDRESS **7 CLUB CIRCLE**
 CITY-ST-ZIP **TEQUESTA FL**

TITLE **DST** ☐ Delete
 NAME **LUCE, LAURIE**
 STREET ADDRESS **814 SANDRINGHAM**
 CITY-ST-ZIP **LUTZ FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE **DV** ☐ Change ☒ Addition
 NAME **LUCE, STEVE**
 STREET ADDRESS **814 SANDRINGHAM LANE**
 CITY-ST-ZIP **Lutz FL**

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

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

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

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

1/16/02

727-894-4318

CR2E037 (9/01)