

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001305

1. Entity Name

FLORIDA ASSOCIATION OF COMMUNITY CORRECTIONS, FO

Principal Place of Business

Mailing Address

1462 4TH ST.  
SARASOTA FL 34236

1462 4TH ST.  
SARASOTA FL 34236-4926

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCABE, PATRICK  
1462 4TH ST.  
SARASOTA FL 34236

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

4. FEI Number

59-3181421

Applied For -

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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

*Patrick McCabe* PRESIDENT

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

TITLE D ☐ Delete  
NAME MCGRIFF, DAVID  
STREET ADDRESS 1515 NW 7TH ST. STE. 112  
CITY-ST-ZIP MIAMI FL 33125

TITLE D ☐ Delete  
NAME BLEYMAN, BECKY  
STREET ADDRESS 800 VIRGINIA AVE.  
CITY-ST-ZIP FT. PIERCE FL 34950

TITLE TD ☐ Delete  
NAME RANKIN, LINDA  
STREET ADDRESS 330 N. MAGNOLIA AVE  
CITY-ST-ZIP OCALA FL 34478

TITLE D ☐ Delete  
NAME MCCABE, PATRICK  
STREET ADDRESS 1462 4TH ST.  
CITY-ST-ZIP SARASOTA FL 34236

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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:

*Patrick McCabe*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-00

941-364-8850

Date

Daytime Phone #