

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

FILED
May 21, 2003 8:00 am
Secretary of State

05-21-2003 90189 012 ****61.25

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DOCUMENT # N93000001305

1. Entity Name

FLORIDA ASSOCIATION OF COMMUNITY CORRECTIONS, FOUNDATION, INC.



Principal Place of Business

**1970 MAIN STREET
FOURTH FLOOR
SARASOTA FL 34236**

Mailing Address

**1970 MAIN STREET
FOURTH FLOOR
SARASOTA FL 34236**

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 **59-3181421**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**MCCABE, PATRICK
1470 MAIN STREET
FOURTH FLOOR
SARASOTA FL 34236**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **PAT MCCABE** **PAST PRESIDENT**

5/1/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	MCGRUFF, DAVID	
STREET ADDRESS	5040 NW 75 STREET, STE 120	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BLEYMAN, BECKY	
STREET ADDRESS	800 VIRGINIA AVE.	
CITY-ST-ZIP	FT. PIERCE FL 34950	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	RANKIN, LINDA	
STREET ADDRESS	330 N. MAGNOLIA AVE	
CITY-ST-ZIP	OCALA FL 34478	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MCCABE, PATRICK	
STREET ADDRESS	1462 4TH ST.	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SEC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLLEEN REARDON	
STREET ADDRESS	1970 MAIN ST 4TH FLOOR	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKY BLEYMAN	
STREET ADDRESS	800 VIRGINIA AVE	
CITY-ST-ZIP	FT PIERCE, FL 34950	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN DUNIG	
STREET ADDRESS	17110 FALCON RIDGE	
CITY-ST-ZIP	LITHIA, FL 33547	
TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID MCGRUFF	
STREET ADDRESS	5040 N.W 75 STREET STE 120	
CITY-ST-ZIP	MIAMI, FL 33125	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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**

5/1/03 (441)364-8850

CR2E037 (10/02)