

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N94000003511**

1. Entity Name

**CONSORTIUM OF DEVELOPMENTAL DISABILITIES COUNCIL**

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90043 032 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**124 MARRIOTT DR  
SUITE 203  
TALLAHASSEE FL 32301  
US**

**124 MARRIOTT DRIVE  
SUITE 203  
TALLAHASSEE FL 32301-2981  
US**

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

**74-2730184**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**00025469**



DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

**KRIEGER, K. JOSEPH  
124 MARRIOTT DRIVE  
SUITE 203  
TALLAHASSEE FL 32301-2600**

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 **TD** ☒ Delete  
NAME **MERCER, MARK**  
STREET ADDRESS **124 MARRIOTT DR., #203**  
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE **TD** ☐ Change ☒ Addition  
NAME **Trudgeon, Ann**  
STREET ADDRESS **3033 N. Walnut, ste. 105-E**  
CITY-ST-ZIP **Oklahoma City, OK 73105**

TITLE **VP** ☒ Delete  
NAME **DUNSKY, GAIL**  
STREET ADDRESS **2406 W. BEEKS, APT. 4**  
CITY-ST-ZIP **NORMAN OK 73069**

TITLE **VD** ☐ Change ☒ Addition  
NAME **O'Hanlon, Paul**  
STREET ADDRESS **3900 Forbes Avenue**  
CITY-ST-ZIP **Pittsburgh, PA 15260**

TITLE **SD** ☐ Delete  
NAME **SANDERS, CLIFFORD**  
STREET ADDRESS **34 BROAD LN RD.**  
CITY-ST-ZIP **WILLIAMSTOWN NJ 08094**

TITLE **PD** ☒ Change ☐ Addition  
NAME **Sanders, Cliff**  
STREET ADDRESS **34 Borad Lane Road**  
CITY-ST-ZIP **Williamstown, NJ 08094**

TITLE **SD** ☐ Delete  
NAME **TANNER, YVETTE**  
STREET ADDRESS **20536 COUNTY ROAD SOUTH**  
CITY-ST-ZIP **CORTEZ CO 81321**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)