

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90089 010 ****61.25

DOCUMENT # N94000003511

1. Entity Name

CONSORTIUM OF DEVELOPMENTAL DISABILITIES COUNCIL

Principal Place of Business

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

Mailing Address

**124 MARRIOTT DRIVE
 SUITE 203
 TALLAHASSEE FL 32301
 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

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

Ann Trudgeon, Treasurer

1/22/01

Consortium of DD Councils

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 **TRUDGEON, ANN**
 STREET ADDRESS **3033 N WALNUT STE 105-E**
 CITY-ST-ZIP **OKLAHOMA CITY OK 73105**

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

TITLE **VD** ☒ Delete
 NAME **O'HANLON, PAUL**
 STREET ADDRESS **3900 FORBES AVE**
 CITY-ST-ZIP **PITTSBURGH PA 15260**

TITLE **V/D** ☒ Change ☐ Addition
 NAME **Jan Newsom**
 STREET ADDRESS **6040 Preston Haven**
 CITY-ST-ZIP **Dallas, Texas 75230**

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

TITLE **P/D** ☒ Change ☐ Addition
 NAME **Brian Parsons**
 STREET ADDRESS **VA Bd for People with Disabilities**
 CITY-ST-ZIP **202 N. 9th St, Richmond, VA 23219**

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

TITLE **S/D** ☐ Change ☐ Addition
 NAME **Bethel Chang**
 STREET ADDRESS **801 Silver Lake Place**
 CITY-ST-ZIP **Dover, DE 19904**

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 (10/00)