

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

FILED
Feb 11, 2003 8:00 am
Secretary of State

02-11-2003 90081 023 ****61.25

DOCUMENT # N94000003511

1. Entity Name

**CONSORTIUM OF DEVELOPMENTAL DISABILITIES COUNCIL
S, INC.**



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

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☐ Delete
NAME **TRUDGEON, ANN**
STREET ADDRESS **2401 NW 23RD ST STE 74**
CITY-ST-ZIP **OKLAHOMA CITY OK 73107**

TITLE **PD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☒ Delete
NAME **NEWSOM, JAN**
STREET ADDRESS **6040 PRESTON HAVEN**
CITY-ST-ZIP **DALLAS TX 75230**

TITLE **VD** ☒ Change ☐ Addition
NAME **Graham mullholland**
STREET ADDRESS **569 Forum Bldg**
CITY-ST-ZIP **Harrisburg, PA 17120**

TITLE **PD** ☒ Delete
NAME **PARSONS, BRIAN**
STREET ADDRESS **202 NORTH 9TH STREET**
CITY-ST-ZIP **RICHMOND VA 23219**

TITLE **TD** ☒ Change ☐ Addition
NAME **Roger Webb**
STREET ADDRESS **6201 E. Oltorf**
CITY-ST-ZIP **Austin, TX 78741**

TITLE **SD** ☐ Delete
NAME **CHANG, BETHEL**
STREET ADDRESS **801 SILVER LAKE PLACE**
CITY-ST-ZIP **DOVER DE 19904**

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 REQUIRED *Roger A. Webb* **Feb 4, 2003** **512 457-5440**

CR2E037 (10/02)