

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005715

1. Entity Name

FLORIDA ASSOCIATION OF SUPPORT COORDINATORS, INC



FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90023 011 ****61.25

Principal Place of Business

111 N.W. 183RD STREET
 STE 518
 MIAMI FL 33169
 US

Mailing Address

F. A. S. C. INC.
 P. O. BOX 17264
 TAMPA FL 33682-7264
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1333 S. University Dr
 Suite 206
 Plantation FL

3. Mailing Address

PO Box 291825
 Suite, Apt. #, etc.
 Ft Lauderdale FL

City & State
 Plantation FL

City & State
 Ft Lauderdale FL

4. FEI Number 65-0553183

Applied For
 Not Applicable

Zip 33324 Country Broward

Zip 33329 Country Broward

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PHILLIPS, JANICE
 3552 HOMESTEAD RD.
 TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name Deborah Kahn
 Street Address (P.O. Box Number is Not Acceptable) 1333 S. University Drive #206
 Plantation, FL
 City Plantation, FL Zip Code 33324

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 Deborah Kahn 9/5/00
Signatures, 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
After September 13, 2000 min. will be \$236.25

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	TD	<input type="checkbox"/> Delete
NAME	DEMINGS, TERRY	
STREET ADDRESS	2024 BRUTON BLVD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCARTHY, THOMAS	
STREET ADDRESS	111 N.W. 183RD ST., SUITE 518	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ALEXANDER, DAVID	
STREET ADDRESS	817 DIXON BLVD STE 9D	
CITY-ST-ZIP	COCOA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOLEY, ROBERT	
STREET ADDRESS	13543 N. FLORIDA AVE., SUITE 111	
CITY-ST-ZIP	TAMPA FL	
TITLE	CD	<input type="checkbox"/> Delete
NAME	PHILLIPS, JANICE	
STREET ADDRESS	3552 HOMESTEAD RD	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ferry Demming	
STREET ADDRESS	1377 Vickers Lakes Dr	
CITY-ST-ZIP	Ocoee FL 34761	
TITLE	C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas McCarthy	
STREET ADDRESS	9600 N.W. 38 ST. #201	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Deborah Kahn	
STREET ADDRESS	1333 South University Dr #206	
CITY-ST-ZIP	Plantation, FL 33324	

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: Deborah Kahn 9/5/00 9544523939
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)