

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 12, 2001 8:00 am
Secretary of State

05-12-2001 90057 011 ****61.25

DOCUMENT # N94000005715

1. Entity Name

FLORIDA ASSOCIATION OF SUPPORT COORDINATORS, INC

Principal Place of Business

1333 S UNIVERSITY DR
STE 206
FORT LAUDERDALE FL 33324
US

Mailing Address

PO BOX 291825
FORT LAUDERDALE FL 33324
US

AO



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

PO Box 271567

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Fort Lauderdale, FL

4. FEI Number

65-0553183

Applied For

Not Applicable

Zip

Country

Zip

33325-1567

Country

US

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

PHILLIPS, JANICE
3552 HOMESTEAD RD.
TALLAHASSEE FL 32308

Name

Deborah Kahn

Street Address (P.O. Box Number is Not Acceptable)

1141 SW 98 Terrace

City

Pembroke Pines

FL

Zip Code

33025-0911

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Brad Hunt 4290 Highway 90 Pace, FL 32571	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD Dawn Hill 2813 Highway 71 Marianna FL 32447	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Deborah KAHN 1141 SW 98 Ter Pembroke Pines FL 33025	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Elizabeth Stuart 3180 A Parrish St Cottondale FL 32431	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lama Safford 13542 N. Florida Ave #111 Tampa, FL 33613	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D David Alexander 817 Dixon Blvd 9D Cocoa, FL	☒ Change ☐ Addition

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)

2001 UNIFORM BUSINESS REPORT (UBR)

Attachment
A0064099

DOCUMENT # N 940 0000 5715

1. Entity Name

Florida Association of
Support Coordinators

Principal Place of Business

1333 S. University Dr.
Suite 200
Fort Lauderdale FL
33324

Mailing Address

PO Box 291567
Fort Lauderdale
FL 33329

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Fort Lauderdale

Zip

Country

Zip

Country

33329

US

4. FEI Number

65-0553183

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

Name

Deborah Kahn

Street Address (P.O. Box Number is Not Acceptable)

1141 SW 9th Terrace

City

Pembroke Pines FL

Zip Code

33425

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 W. Kahn

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

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

TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	☒ Change ☐ Addition
NAME	Janice Phillips
STREET ADDRESS	3552 Homestead Rd
CITY-ST-ZIP	Tallahassee FL 32308
TITLE	☒ Change ☐ Addition
NAME	D Thomas McCarthy
STREET ADDRESS	9600 NW 38th St #201
CITY-ST-ZIP	Miami, FL 33178
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
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:

Deborah W. Kahn Deborah W. Kahn, Treas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954 452
3939

CR20037 (11/00)