

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000656

1. Entity Name

AUTISIM FOUNDATION OF NORTHEAST FLORIDA, INC.

Principal Place of Business

Mailing Address

181 FOXRIDGE RD.
ORANGE PARK FL 32065
US

181 FOXRIDGE RD.
ORANGE PARK FL 32065-5732
US

2. Principal Place of Business

3. Mailing Address

181 FoxRidge Rd

181 FoxRidge Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Orange Park

Orange Park

Zip

Zip

32065

32065

Country

Country

Clay

Clay

6. Name and Address of Current Registered Agent

4. FEI Number

59-3309851

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

HUNTER, FRANK
240 14TH AVE SOUTH
JACKSONVILLE BEACH FL 32250

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 D
NAME PALAZZOLA, PATRICIA
STREET ADDRESS 181 FOX RIDGE RD.
CITY-ST-ZIP ORANGE PARK FL 32065

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME ROUNDS, CINDY
STREET ADDRESS 1312 WOLFE ST.
CITY-ST-ZIP JACKSONVILLE FL 32205

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME GRECO, PEGGY
STREET ADDRESS 807 NIRA ST.
CITY-ST-ZIP JACKSONVILLE FL 32207

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME YOUNG, LAURA
STREET ADDRESS 1404 OSCEOLA AVE
CITY-ST-ZIP JACKSONVILLE BEACH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME WALDEN, HELEN
STREET ADDRESS 7749 W. BEAVER ST.
CITY-ST-ZIP JACKSONVILLE FL 32220

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME BOYETTE, MARILYN
STREET ADDRESS 1405 MENNA ST.
CITY-ST-ZIP JACKSONVILLE FL 32205

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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:

Patricia Palazzo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 17, 2000 8:00 am
Secretary of State

02-17-2000 90072 044 ****61.25



DO NOT WRITE IN THIS SPACE

2/15/00 904 272 6737