

# 2000 UNIFORM BUSINESS REPORT (UBR)

8/1

DOCUMENT # N96000002200

1. Entity Name

FLORIDA ASSOCIATION OF DISABILITY EXAMINERS, INC

Principal Place of Business

812 VONCILE AVENUE  
TALLAHASSEE FL 32303

Mailing Address

812 VONCILE AVENUE  
TALLAHASSEE FL 32303

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

59-3090725

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GUNTER, KAREN J  
812 VONCILE AVENUE  
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

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

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  
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 D ☐ Delete  
NAME GUNTER, KAREN  
STREET ADDRESS 812 VONCILE AVENUE  
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE D ☐ Delete  
NAME WILSON, RHONDA  
STREET ADDRESS 720 RED FERN ROAD  
CITY-ST-ZIP TALLAHASSEE FL

TITLE D ☐ Delete  
NAME BLACK, JANET  
STREET ADDRESS 1251 LIVE OAK ISLAND ROAD  
CITY-ST-ZIP CRAWFORDVILLE FL 33150

TITLE D ☐ Delete  
NAME SKINNER, EDWARD P  
STREET ADDRESS 2024 EAST INDIAN HEAD DRIVE  
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE D ☐ Delete  
NAME RUMBLEY, ROBERT  
STREET ADDRESS 83 VALLEY ROAD  
CITY-ST-ZIP CRAWFORDVILLE FL 32327

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President ☒ Change ☐ Addition  
NAME Saul; Janet C.  
STREET ADDRESS 1251 Live Oak Island Rd.  
CITY-ST-ZIP Crawfordville, FL. 32327 D

TITLE Vice-President ☒ Change ☐ Addition  
NAME Pantaione, Andrea L.  
STREET ADDRESS 4842 Ashley Manor Way W.  
CITY-ST-ZIP Jacksonville, FL. 32225

TITLE Secretary ☒ Change ☐ Addition  
NAME Wilson, Rhonda J.  
STREET ADDRESS 720 Red Fern Road  
CITY-ST-ZIP Tallahassee, FL. 32308

TITLE Treasurer ☒ Change ☐ Addition  
NAME Gunter, Karen J.  
STREET ADDRESS 812 Voncile Ave.  
CITY-ST-ZIP Tallahassee, FL. 32303 D

TITLE Regional Board Member ☒ Change ☐ Addition  
NAME Hallas, Allen  
STREET ADDRESS 18100 SW 87th Ct.  
CITY-ST-ZIP Miami, FL. 33157-5975 D

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)(l), 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

7/19/00

Date

Daytime Phone #

487-0625 x 224

CR2E037 (5/00)