2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State
04-30-2001 90356 039 ****61.25

DOCUMENT # N96000002200

1. Entity Name

FLORIDA ASSOCIATION OF DISABILITY EXAMINERS, INC

Principal Place of Business	Mailing Address
~~812 VONCILE AVENUE~~ ~~TALLAHASSEE FL 32303~~	~~812 VONCILE AVENUE~~ ~~TALLAHASSEE FL 32303~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6588 Montrose Trail	
Suite, Apt. #, etc. Tallahassee Ft	Suite, Apt. #, etc. 6588 Montrose Trail
City & State	City & State Tallahassee Fl
Zip 32308 Country	Zip 32308 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	7. Name and Address of New Registered Agent
~~GUNTER, KAREN J~~ ~~812 VONCILE AVENUE~~ ~~TALLAHASSEE FL 32303~~	Name Douglas G. Knowles Street Address (P.O. Box Number is Not Acceptable) 6588 Montrose Trail Tallahassee Fl City **FL** Zip Code 32308

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 Douglas G. Knowles Douglas G. Knowles Treasurer 4/25/01
Signature, type 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	D GUNTER, KAREN 812 VONCILE AVENUE TALLAHASSEE FL 32303	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Andrea L. Pantalone 4842 Ashley Manor Way W Jacksonville Fl 32225	☒ Change ☐ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILSON, RHONDA 720 RED FERN ROAD TALLAHASSEE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Douglas G. Knowles 6588 Montrose Trail Tallahassee Fl. 32308	☒ Change ☐ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLACK, JANET 1251 LIVE OAK ISLAND ROAD CRAWFORDVILLE FL 33150	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Past President Janet Saul (Black) 1251 LiveOak Island Rd Crawfordville Fl 32327	☒ Change ☐ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SKINNER, EDWARD P 2024 EAST INDIAN HEAD DRIVE TALLAHASSEE FL 32301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Sue Skinner 2024 E Indian Head Dr Tallahassee Fl. 32301	☒ Change ☐ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RUMBLEY, ROBERT 83 VALLEY ROAD CRAWFORDVILLE FL 32327	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Robert A. Rumbley 83 Valley Rise Rd Crawfordville Fl 32327	☒ Change ☐ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: Douglas G. Knowles DOUGLAS G. KNOWLES 4/25/01 (850) 488-9160x621
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #