

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2002 8:00 am
Secretary of State

08-14-2002 90022 046 ****61.25

DOCUMENT # N96000002200

1. Entity Name

FLORIDA ASSOCIATION OF DISABILITY EXAMINERS, INC

Principal Place of Business

Mailing Address

~~6588 MONTROSE TRAIL
TALLAHASSEE FL 32308~~

~~6588 MONTROSE TRAIL
TALLAHASSEE FL 32308~~

2. Principal Place of Business

3. Mailing Address

OFFICE OF DISABILITY DETERMINATIONS
Suite, Apt. #, etc.
1321 Executive Center Dr
100 ASHLEY BLDG

83 Valley Rise Rd
Suite, Apt. #, etc.

City & State
TALLAHASSEE FL

City & State
Crawfordville FL

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip
32309-6512

Country
USA

Zip
32327

Country
USA

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

KNOWLES, DOUGLAS G
6588 MONTROSE TRAIL
TALLAHASSEE FL 32308

Name
Rumbley, Mary S.
Street Address (P.O. Box Number is Not Acceptable)
83 Valley Rise Road
City
Crawfordville FL Zip Code
32327

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 **MARY S. Rumbley**
Signature, typed or printed name of registered agent and title if applicable.

Mary S. Rumbley
(NOTE: Registered Agent signature required when reinstating)

8-9-02
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	PD PANTALONE, ANDREA L 4842 ASHLEY MANOR WAY W JACKSONVILLE FL 32225	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KNOWLES, DOUGLAS G 6588 MONTROSE TRAIL TALLAHASSEE FL 32308	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD SAUL (BLACK), JANET 1251 LIVE OAK ISLAND ROAD CRAWFORDVILLE FL 33150	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SKINNER, EDWARD P 2024 EAST INDIAN HEAD DRIVE TALLAHASSEE FL 32301	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RUMBLEY, ROBERT 83 VALLEY ROSE ROAD CRAWFORDVILLE FL 32327	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Pantalone, David 3921 Hollows Drive Jacksonville FL 32225	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Rumbley, Mary S 83 Valley Rise Rd Crawfordville FL 32327	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD Pantalone, Andrea L 3921 Hollows Drive Jacksonville FL 32225	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Pantalone, Andrea L 3921 Hollows Drive Jacksonville FL 32225	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Homer Atchison 714 East River Drive Temple Terrace FL 33617	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 *Mary S. Rumbley* **MARY S. Rumbley**
Signature and typed or printed name of signing officer or director

8-9-02 **850 4872402 x249**

CR2E037 (9/01)

Attachment

check# 0460

Rumbley, Mary

#196000002200

\$61.25

8/12/02

From: corphelp [corphelp@mail.dos.state.fl.us]
Sent: Friday, August 09, 2002 2:01 PM
To: 'Rumbley, Mary'
Subject: RE: late filing

It is \$61.25 for a non profit corporation, not \$50.00. I was thinking of an LLC, thank you.

Doug
Internet Access

-----Original Message-----

From: Rumbley, Mary [mailto:Mary.Rumbley@ssa.gov]
Sent: Friday, August 09, 2002 1:43 PM
To: 'corphelp'
Subject: RE: late filing

Thanks so much....It is going in the mail by MONDAY....Mary

-----Original Message-----

From: corphelp [mailto:corphelp@mail.dos.state.fl.us]
Sent: Friday, August 09, 2002 1:42 PM
To: 'Rumbley, Mary'
Subject: RE: late filing

There is no late fee for a non profit corporation. Please mail in the form with a check for \$50.00 or file it online, thank you.

Doug
Internet Access

-----Original Message-----

From: Rumbley, Mary [mailto:Mary.Rumbley@ssa.gov]
Sent: Friday, August 09, 2002 1:37 PM
To: 'corphelp@mail.dos.state.fl.us'
Subject: late filing

I just opened a file and realized the 2002 Uniform Business Report was not timely filed- rather, not filed at all. Please tell me how much the late fee is and/or what I need to do to properly file this report for FLORIDA ASSOCIATION OF DISABILITY EXAMINERS, INC

Thank you for your help and time,
Mary Rumbley