

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000334

1. Entity Name

CENTRAL FLORIDA AUTISM INSTITUTE, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90011 034 ****61.25

Principal Place of Business

934 BONNIE DRIVE
LAKELAND FL 33803-1904

Mailing Address

934 BONNIE DRIVE
LAKELAND FL 33803-1904

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3427964

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

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 V ☐ Delete
NAME GILLAN, NANCY
STREET ADDRESS 517 S WILSON AVE
CITY-ST-ZIP LAKELAND FL 33801

T ☐ Change ☒ Addition
NAME ~~ELIZABETH~~ JOHNSON, ELIZABETH
STREET ADDRESS 215 EAST CARLISLE ROAD
CITY-ST-ZIP LAKELAND, FL 33813

TITLE D ☒ Delete
NAME GILLAN, DARRELL
STREET ADDRESS 517 S WILSON AVE
CITY-ST-ZIP LAKELAND FL 33801

D ☐ Change ☒ Addition
NAME HUBBARD, JANAAN
STREET ADDRESS 3323 IMPERIAL LANE
CITY-ST-ZIP LAKELAND, FL 33803

TITLE D ☒ Delete
NAME DUQUE, RICARDO M D
STREET ADDRESS 1451 HOLLINGSWORTH OAKS DR
CITY-ST-ZIP LAKELAND FL 33803

D ☐ Change ☒ Addition
NAME SNOVER, SUSAN
STREET ADDRESS 5750 DEER TRACKS TRAIL
CITY-ST-ZIP LAKELAND, FL 33811

TITLE D ☐ Delete
NAME DOUCE, LYLA
STREET ADDRESS 3341 APPALACHIAN TRIALS
CITY-ST-ZIP LAKELAND FL 33805

M ☐ Change ☒ Addition
NAME MILLICAN, TERRY
STREET ADDRESS 839 SAGAMORE STREET
CITY-ST-ZIP LAKELAND, FL 33803

TITLE P ☒ Delete
NAME GILLAN, MURRELL M
STREET ADDRESS 934 BONNIE DR.
CITY-ST-ZIP LAKELAND FL 33803

D ☐ Change ☒ Addition
NAME GILLAN, MARY
STREET ADDRESS 934 BONNIE DRIVE
CITY-ST-ZIP LAKELAND, FL 33803

TITLE C ☐ Delete
NAME BRADY, MILLICAN H III
STREET ADDRESS 839 SAGAMORE ST.
CITY-ST-ZIP LAKELAND FL 33803

S ☒ Change ☐ Addition
NAME DOUCE, LYLA
STREET ADDRESS 3341 APPALACHIAN TRIALS
CITY-ST-ZIP LAKELAND, FL 33805

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:

Elizabeth Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/00 (863) 648-0801

Date

Daytime Phone #

CR2E037 (9/99)