

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90408 018 \*\*\*\*61.25

**DOCUMENT # N97000000934**

1. Entity Name

**NATIONAL ALLIANCE OF THE DISABLED, INC.**

Principal Place of Business

1352 SOUX ST  
 ORANGE PARK FL 32065  
 US

Mailing Address

1951 72ND AVENUE, NE  
 ST. PETERSBURG FL 33702

2. Principal Place of Business

**1951 72nd Avenue, NE**

3. Mailing Address

**1951 72nd Avenue, NE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**St. Petersburg, FL**

City & State

**St. Petersburg, FL**

4. FEI Number

**59-3430001**

Applied For

Not Applicable

Zip

**33702**

Country

**USA**

Zip

**33702-4715**

Country

**USA**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DUTCHER, WALTON D JR**  
**1951 72ND AVENUE, NE**  
**ST. PETERSBURG FL 33702**

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

**5/3, 2001**

**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

TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>BROWN, VICTORIA E</b>	
STREET ADDRESS	<b>1352 SOUX STREET</b>	
CITY-ST-ZIP	<b>ORANGE PARK FL 32065</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> Delete
NAME	<b>SPIKBERG, BART E</b>	
STREET ADDRESS	<b>P.O. BOX 124</b>	
CITY-ST-ZIP	<b>ROCKFIELD KY 42274-0124</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DUTCHER, WALTON D JR</b>	
STREET ADDRESS	<b>1951 72ND AVENUE, NE</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33702-4715</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> Delete
NAME	<b>MAHONEY, LINDA</b>	
STREET ADDRESS	<b>430 KENWOOD DR</b>	
CITY-ST-ZIP	<b>JACKSONVILLE NC 28540-9043</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D/T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>3891 Meridian Church Road</b>	
CITY-ST-ZIP	<b>Crossette, AR 71635</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D/P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Dean Choate</b>	
STREET ADDRESS	<b>100 Forest Street North</b>	
CITY-ST-ZIP	<b>Stevens Point, WI 54481</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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:

*Walton D Dutcher*

**5/3/01**

**78753465370**

CR2E037 (10/00)