

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

Suite, Apt. #, etc.

3. Mailing Address

1951 72nd Avenue, NE

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)

5/3, 2001

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

TITLE **DP** ☐ Delete
 NAME **BROWN, VICTORIA E**
 STREET ADDRESS **1352 SOUX STREET**
 CITY-ST-ZIP **ORANGE PARK FL 32065**

TITLE **DV** ☐ Delete
 NAME **SPIKBERG, BART E**
 STREET ADDRESS **P.O. BOX 124**
 CITY-ST-ZIP **ROCKFIELD KY 42274-0124**

TITLE **D** ☐ Delete
 NAME **DUTCHER, WALTON D JR**
 STREET ADDRESS **1951 72ND AVENUE, NE**
 CITY-ST-ZIP **ST. PETERSBURG FL 33702-4715**

TITLE **DT** ☐ Delete
 NAME **MAHONEY, LINDA**
 STREET ADDRESS **430 KENWOOD DR**
 CITY-ST-ZIP **JACKSONVILLE NC 28540-9043**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D/T** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **3891 Meridian Church Road**
 CITY-ST-ZIP **Crossette, AR 71635**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D/P** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition
 NAME **Dean Choate**
 STREET ADDRESS **100 Forest Street North**
 CITY-ST-ZIP **Stevens Point, WI 54481**

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)(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

787-546-5370

CR2E037 (10/00)