

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90262 023 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # N97000007228

1. Entity Name

FLORIDA ALLIANCE OF BOYS & GIRLS CLUBS, INC.

Principal Place of Business

Mailing Address

2425 TORREYA DRIVE
 TALLAHASSEE FL 32303
 US

PO BOX 37417
 TALLAHASSEE FL 32315
 US

2. Principal Place of Business

5211 Manatee Ave W

3. Mailing Address

- SAME -

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bradenton Florida

City & State

Zip

Country

34209

Country

4. FEI Number

65-0839955

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

EVANS, ALTON
2425 TOLLEYA DRIVE
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

Name

Knowles, Timothy A.

Street Address (P.O. Box Number is Not Acceptable)

1205 Manatee Ave W.

City

Bradenton

FL

Zip Code

34205

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

4/25/02

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 **PD** ☐ Delete
 NAME **KANE, JACK**
 STREET ADDRESS **3110 CAPITAL CIRCLE NE**
 CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **VD** ☐ Delete
 NAME **PERMUY, GLENN**
 STREET ADDRESS **2742 HARPER WOODS DR**
 CITY-ST-ZIP **MARIETTA GA 30062**

TITLE **STD** ☒ Delete
 NAME **O'CONNOR, MARY T**
 STREET ADDRESS **9828 CROSS PINE COURT**
 CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE **D** ☒ Delete
 NAME **SPILLETT, ROXANNE**
 STREET ADDRESS **1280 PEACHTREE ST NW #813**
 CITY-ST-ZIP **ATLANTA GA 30309**

TITLE **D** ☒ Delete
 NAME **MEHTA, ANAND**
 STREET ADDRESS **8240 HIGH HAMPTON CHASE**
 CITY-ST-ZIP **ALPHARETTA GA 30022**

TITLE **D** ☐ Delete
 NAME **DOMINICK, KIRK**
 STREET ADDRESS **2451 WEATHERSTONE CIR**
 CITY-ST-ZIP **CONYERS GA 30094**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **AT/D** ☒ Change ☐ Addition
 NAME **KANE, JACK**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D/T** ☐ Change ☒ Addition
 NAME **PRASAD, M.V.**
 STREET ADDRESS **1230 W. Peachtree St. NW**
 CITY-ST-ZIP **Atlanta, GA 30309-3447**

TITLE **D** ☐ Change ☒ Addition
 NAME **ORR, LORRAINE**
 STREET ADDRESS **1230 W. Peachtree St. NW**
 CITY-ST-ZIP **Atlanta, GA 30309-3447**

TITLE **D** ☐ Change ☒ Addition
 NAME **EDWARDS, Nancy**
 STREET ADDRESS **6534 Christopher Point Rd. W.**
 CITY-ST-ZIP **Jacksonville, FL 33217**

TITLE **P/D** ☐ Change ☒ Addition
 NAME **KNOWLES, TIMOTHY A.**
 STREET ADDRESS **1205 Manatee Ave. W.**
 CITY-ST-ZIP **Bradenton, FL 34205**

TITLE **D** ☒ Change ☐ Addition
 NAME **DOMINICK, KIRK**
 STREET ADDRESS **600 Jefferson Plaza, Suite 401**
 CITY-ST-ZIP **Rockville, MD 20852**

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: **Timothy A. Knowles, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/2002 941-907-3204

CR2E037 (9/01)