

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002358

1. Entity Name

FLORIDA SPINAL CORD INJURY ASSOCIATION, INC.

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

08-22-2000 90222 030 ****61.25

Principal Place of Business

TAMPA GENERAL REHABILITATION CENTER
 ROOM - R100
 DAVIS ISLAND FL 33606

Mailing Address

POST OFFICE BOX 1289
 ROOM R100
 TAMPA FL 33601-1289

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3502192

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

~~DAWKINS, DONALD A~~
~~CASADY, DANNY J~~
 FLORIDA SCI RESOURCE CENTER
 TAMPA GENERAL REHAB CENTER - ROOM R100
 TAMPA FL 33606

Name DAWKINS, DONALD A.
 Street Address (P.O. Box Number is Not Acceptable) P.O. BOX 1289
FLORIDA SCI RESOURCE CENTER
TAMPA GEN. REHAB. CENTER RM R212
 City TAMPA FL Zip Code 33601

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/10/00

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	D	<input type="checkbox"/> Delete
NAME	CASADY, DANNY J	
STREET ADDRESS	9403 EDENTON WAY	
CITY-ST-ZIP	TAMPA FL 33626	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANTELLA, DALE	
STREET ADDRESS	2425 ARAPAHO STREET	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WONEY, MARY	
STREET ADDRESS	2043 WILSHIRE DRIVE	
CITY-ST-ZIP	PALM HARBOR FL 34609	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATE ABEL	
STREET ADDRESS	343 AUBURN DR.	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANA G. LAMB	
STREET ADDRESS	P.O. BOX 1715	
CITY-ST-ZIP	FT MYERS FL 33902	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETER MAUNHEIMER	
STREET ADDRESS	14062 S.W. 80TH ST	
CITY-ST-ZIP	MIAMI FL 33183-3030	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARK RAVENSLAFT	
STREET ADDRESS	1217 APALACHEE PKWY #476	
CITY-ST-ZIP	TALLAHASSEE FL 32301-3009	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/10/00 941.371.7287

Date

Daytime Phone #

CR2E037 (9/99)