

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2001 8:00 am**  
**Secretary of State**

05-29-2001 90013 048 \*\*\*\*\*70.00

0057941

**DOCUMENT # N98000002358**

1. Entity Name

**FLORIDA SPINAL CORD INJURY ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**TAMPA GENERAL REHABILITATION CENTER  
 ROOM - R100  
 DAVIS ISLAND FL 33606**

**POST OFFICE BOX 1289  
 ROOM ~~R100~~ **R212**  
 TAMPA FL 33601**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3502192**

Applied For

Not Applicable

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  
 FLORIDA SCI RESOURCE CENTER  
 TAMPA GENERAL REHAB CENTER - ROOM R212  
 TAMPA FL 33601**

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

*Donald A. Dawkins*

*[Signature]*

*5/21/01*

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

(NOT: 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 **D** ☐ Delete  
 NAME **CASADY, DANNY J**  
 STREET ADDRESS **9403 EDENTON WAY**  
 CITY-ST-ZIP **TAMPA FL 33626**

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

TITLE **D** ☐ Delete  
 NAME **SANTELLA, DALE**  
 STREET ADDRESS **2425 ARAPAHO STREET**  
 CITY-ST-ZIP **SARASOTA FL 34231**

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

TITLE **D** ☐ Delete  
 NAME **ABEL, KATE**  
 STREET ADDRESS **343 AUBURN DR**  
 CITY-ST-ZIP **DAYTONA BEACH FL 32118**

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

TITLE **D** ☐ Delete  
 NAME **LAMB, DANA G**  
 STREET ADDRESS **PO BOX 2715**  
 CITY-ST-ZIP **FT MYERS FL 33902**

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

TITLE **D** ☐ Delete  
 NAME **MANNHEIMER, PETER**  
 STREET ADDRESS **14062 SW 80TH ST**  
 CITY-ST-ZIP **MIAMI FL 33183-3030**

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

TITLE **D** ☐ Delete  
 NAME **RAVENSRAFT, MARK**  
 STREET ADDRESS **1217 APALACHEE PKWY #476**  
 CITY-ST-ZIP **TALLAHASSEE FL 32301-3009**

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:

*Signature of Peter Mannheimer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5/24/01 813 975-6560*

Date

Daytime Phone #

CR2E037 (10/00)