

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N98000002358**

1. Entity Name

FLORIDA SPINAL CORD INJURY ASSOCIATION, INC.**FILED**
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90026 013 *****61.25

00339410

Principal Place of Business

Mailing Address

TAMPA GENERAL REHABILITATION CENTER
ROOM - R100
DAVIS ISLAND FL 33606**POST OFFICE BOX 1289**
ROOM R100
TAMPA FL 33601

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
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

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. 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-ZIPTITLE **D** ☐ Delete
NAME **SANTELLA, DALE**
STREET ADDRESS **2425 ARAPAHO STREET**
CITY-ST-ZIP **SARASOTA FL 34231**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **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-ZIPTITLE **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-ZIPTITLE **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-ZIPTITLE **D** ☐ Delete
NAME **RAVENSCLAF, 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)