

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90420 007 \*\*\*\*61.25

**DOCUMENT # N98000002358**

**1. Entity Name**  
**FLORIDA SPINAL CORD INJURY ASSOCIATION, INC.**



**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**

**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. I am familiar with, and accept the obligations of registered agent.**

**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 \$61.25**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CASADY, DANNY J	
STREET ADDRESS	9403 EDENTON WAY	
CITY-ST-ZIP	TAMPA FL 33626	
TITLE	D	<input checked="" 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	ABEL, KATE	
STREET ADDRESS	343 AUBURN DR	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LAMB, DANA G	
STREET ADDRESS	PO BOX 2715	
CITY-ST-ZIP	FT MYERS FL 33902	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MANNHEIMER, PETER	
STREET ADDRESS	14062 SW 80TH ST	
CITY-ST-ZIP	MIAMI FL 33183-3030	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RAVENSCHRAFT, MARK	
STREET ADDRESS	1217 APALACHEE PKWY #476	
CITY-ST-ZIP	TALLAHASSEE FL 32301-3009	

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donald A. Dawkins	
STREET ADDRESS	Tampa Gen. Rehab Ctr- Rm R212	
CITY-ST-ZIP	Tampa, FL 33601	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Terry Ward	
STREET ADDRESS	325 John Knox Rd, Bldg B	
CITY-ST-ZIP	Tallahassee, FL 32303	
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		
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 of Donald A. Dawkins*

4/18/03

888-487-3278

CR2E037 (10/02)