

2001 UNIFORM BUSINESS REPORT (UBR)

4/2/

FILED

Apr 27, 2001 8:00 am
Secretary of State

04-02-2001 90050 040 ****61.25

DOCUMENT # N98000002660

1. Entity Name

THE FOUNDATION FOR THE ADVANCEMENT OF REHABILITA

Principal Place of Business

1 UNIVERSITY BLVD.
ST AUGUSTINE FL 32086

Mailing Address

1 UNIVERSITY BLVD.
ST AUGUSTINE FL 32086

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3535131

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required.

6. Name and Address of Current Registered Agent

PARIS, STANLEY V
1 UNIVERSITY BLVD.
ST AUGUSTINE FL 32086

7. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

19 March 2001

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	<input type="checkbox"/> Delete
NAME	PARIS, STANLEY V	
STREET ADDRESS	1 UNIVERSITY BLVD.	
CITY-ST-ZIP	ST AUGUSTINE FL 32086	
TITLE	VO	<input checked="" type="checkbox"/> Delete
NAME	PATTERSON, RAY M	
STREET ADDRESS	1 UNIVERSITY BLVD.	
CITY-ST-ZIP	ST AUGUSTINE FL 32086	
TITLE	STD	<input type="checkbox"/> Delete
NAME	PARIS, CATHERINE P	
STREET ADDRESS	1 UNIVERSITY BLVD.	
CITY-ST-ZIP	ST AUGUSTINE FL 32086	
TITLE	D	<input type="checkbox"/> Delete
NAME	Rhonda Jones	
STREET ADDRESS	1 University Blvd	
CITY-ST-ZIP	St. Augustine FL 32086	
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		<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	VSTD	<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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

19 - March 2001

904-926-0004

CR2E037 (10/00)