

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004595

1. Entity Name

LOU GEHRIG'S DISEASE ASSOCIATION OF SOUTHWEST FL

Principal Place of Business

PO BOX 11104
SARASOTA FL 34278-1104

Mailing Address

PO BOX 11104
SARASOTA FL 34278-1104

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2501 S. TAMiami TR

SARASOTA, FL

34239

4. FEI Number

65-0869329

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GORDON, CHERYL L
240 S PINEAPPLE AVENUE 10TH FLOOR
SARASOTA FL 34236

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

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 DT ☐ Delete
NAME FORAN, DAVID
STREET ADDRESS 240 N WASHINGTON BOULEVARD # 315
CITY-ST-ZIP SARASOTA FL 34236

TITLE VD ☐ Delete
NAME JORGENSEN, JOHN
STREET ADDRESS 7262 SOUTH LEEWYNN DRIVE
CITY-ST-ZIP SARASOTA FL 34240

TITLE D ☐ Delete
NAME GORDON, CHERYL L
STREET ADDRESS ABEL, BAND ET AL- P O BOX 49948 N/A
CITY-ST-ZIP SARASOTA FL 34230-6948

TITLE PD ☐ Delete
NAME MCLEAN, THOMAS
STREET ADDRESS 5332 FOX RUN ROAD
CITY-ST-ZIP SARASOTA FL 34231

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DAVID FORAN ☒ Change ☐ Addition
NAME
STREET ADDRESS 2501 S. TAMiami TR
CITY-ST-ZIP SARASOTA, FL 34239

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

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

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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 1.19.07(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 #

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90030 046 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)