

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

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90225 012 ****61.25

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1. Entity Name

LOU GEHRIG'S DISEASE ASSOCIATION OF SOUTHWEST FL
ORIDA, INC.



Principal Place of Business

PO BOX 11104
SARASOTA FL 34278-1104

Mailing Address

2501 S TAMiami TRAIL
SARASOTA FL 34239

2. Principal Place of Business

3. Mailing Address

3921 NELSON AVE

Suite, Apt. #, etc.

City & State

SARASOTA, FL

Zip

34231

Country

US

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. 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 DT
NAME FORAN, DAVID
STREET ADDRESS 2501 S TAMiami TRAIL
CITY-ST-ZIP SARASOTA FL 34237

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3921 NELSON AVE
CITY-ST-ZIP SARASOTA, FL 34231

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 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: *David Foran* SIGNATURE REQUIRED: DAVID FORAN

1/24/03 941927-3111

CR2E037 (10/02)