

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005133

1. Entity Name

THE BIG BEND CHAPTER OF THE AUTISM SOCIETY OF AM

Principal Place of Business

3241 EARL DRIVE
TALLAHASSEE FL 32308

Mailing Address

3241 EARL DRIVE
TALLAHASSEE FL 32308-3660

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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NELSON, CARMEN
2306 DOMINGO DR.
TALLAHASSEE FL 32304-1311

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 PT ☐ Delete
NAME PURVIS, KELLY
STREET ADDRESS 3241 EARL DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE VT ☐ Delete
NAME BALL, NANCY
STREET ADDRESS 4113 MCLEOD DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE TTR ☐ Delete
NAME OVERTON, BECKY
STREET ADDRESS 3502 E KILKENNY RD
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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: *Kelly Purvis* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 26, 2000 850-893-9253

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)