

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005995

1. Entity Name

EDUCATIONAL DISABILITIES SUPPORT, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90172 041 ****61.25

Principal Place of Business

Mailing Address

9877 GULFSTREAM BOULEVARD
ENGLEWOOD FL 34224

9877 GULFSTREAM BOULEVARD
ENGLEWOOD FL 34224-9213

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0882116

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

FURY, PATRICK T
9877 GULFSTREAM BOULEVARD
ENGLEWOOD FL 34224

Name

Street Address (P.O. Box Number is Not Acceptable)

N/A

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

2-20-2000

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DC ☐ Delete
NAME FURY, SANDRA J
STREET ADDRESS 9877 GULFSTREAM BLVD
CITY-ST-ZIP ENGLEWOOD FL 34224

TITLE D/C/PT ☒ Change ☐ Addition
NAME Fury, Sandra J
STREET ADDRESS 9877 Gulfstream Blvd
CITY-ST-ZIP Englewood, Fl 34224

TITLE DC ☐ Delete
NAME FURY, PATRICK T
STREET ADDRESS 9877 GULFSTREAM BLVD
CITY-ST-ZIP ENGLEWOOD FL 34224

TITLE D ☒ Change ☐ Addition
NAME Fury, Patrick T.
STREET ADDRESS 9877 Gulfstream Blvd
CITY-ST-ZIP Englewood, Fl 34224

TITLE D ☐ Delete
NAME BERNSTEIN, LYNN PH.D
STREET ADDRESS 1861 PLACIDA RD/#101
CITY-ST-ZIP ENGLEWOOD FL 34224

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S/D ☐ Change ☒ Addition
NAME Lonsdale, Sharyn
STREET ADDRESS 7421 Hart St.
CITY-ST-ZIP Englewood, Fl 34224

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME Morland, Linda J., Esq.
STREET ADDRESS 165 W. Green St
CITY-ST-ZIP Englewood, Fl 34224

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME Garofalakakis, Mary, M.A.
STREET ADDRESS 19016 Midway Blvd
CITY-ST-ZIP Port Charlotte, Fl 33948

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:

Sandra J. Fury
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-20-2000 941-475-5513

CR2E037 (9/99)