

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

0074913

DOCUMENT # N98000005995

1. Entity Name

EDUCATIONAL DISABILITIES SUPPORT, INC.

04-12-2001 90166 019 *****61.25

Principal Place of Business

Mailing Address

**9877 GULFSTREAM BOULEVARD
 ENGLEWOOD FL 34224**

**9877 GULFSTREAM BOULEVARD
 ENGLEWOOD FL 34224**

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)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCT FURY, SANDRA J 9877 GULFSTREAM BLVD ENGLEWOOD FL 34224	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FURY, PATRICK T 9877 GULFSTREAM BLVD ENGLEWOOD FL 34224	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORLAND, LINDA J ES 165 W GREEN ST ENGLEWOOD FL 34224	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LONSDALE, SHARYN 7421 HART ST ENGLEWOOD FL 34224	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORLAND, LINDA J ESQ 165 W GREEN ST ENGLEWOOD FL 34224	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAROFALAKIA, MARY M.A. 19016 MIDWAY BLVD PORT CHARLOTTE FL 33948	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
V/D Barbara Farlow, LMHC 14459 River Beach Dr. Port Charlotte, FL 33953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D Lynn Bernstein, Ph.D 1861 Placida Rd Suite 101 Englewood, FL 34224	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Garofalakis, Mary

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 #

4-01-01 941-475-5513

CR2E037 (10/00)