

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005995

1. Entity Name

EDUCATIONAL DISABILITIES SUPPORT, INC.

FILED

Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90021 042 ****61.25

Principal Place of Business

9877 GULFSTREAM BOULEVARD
ENGLEWOOD FL 34224

Mailing Address

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

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

TITLE VD
NAME FARLOW, BARBARA LMHC
STREET ADDRESS 14459 RIVER BEACH DR #D-229
CITY-ST-ZIP PORT CHARLOTTE FL 33-9536 ☐ Delete

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

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

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

TITLE SD
NAME LONSDALE, SHARYN
STREET ADDRESS 7421 HART ST
CITY-ST-ZIP ENGLEWOOD FL 34224 ☐ Delete

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

TITLE D
NAME MORLAND, LINDA J ESQ
STREET ADDRESS 165 W GREEN ST
CITY-ST-ZIP ENGLEWOOD FL 34224 ☐ Delete

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

TITLE D
NAME GAROFALAKIS, MARY
STREET ADDRESS 19016 MIDWAY BLVD
CITY-ST-ZIP PORT CHARLOTTE FL 33948 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sandra J. Fury

2-06-02

941-475-5513

Date

Daytime Phone #

CR2E037 (9/01)