

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

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90433 033 ****61.25

DOCUMENT # N98000005995

1. Entity Name

EDUCATIONAL DISABILITIES SUPPORT, INC.



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

Zip

Country

Zip

Country

4. FEI Number **65-0882116**

Applied For

Not Applicable

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. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
DCT	FURY, SANDRA J	9877 GULFSTREAM BLVD	ENGLEWOOD FL 34224	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	FARLOW, BARBARA LMHC	14459 RIVER BEACH DR #D-229	PORT CHARLOTTE FL 33-9536	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	BERNSTEIN, LYNN PH.D	1861 PLACIDA RD SUITE#101	ENGLEWOOD FL 34224	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	LONSDALE, SHARYN	7421 HART ST	ENGLEWOOD FL 34224	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	MORLAND, LINDA J ESQ	165 W GREEN ST	ENGLEWOOD FL 34224	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	GAROFALAKIS, MARY	19016 MIDWAY BLVD	PORT CHARLOTTE FL 33948	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-03

941-475-5513

CR2E037 (10/02)