

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001816

1. Entity Name

SPECIAL NEEDS OUTREACH INC.

FILED
Jun 02, 2000 8:00 am
Secretary of State

06-02-2000 90018 039 ****61.25

Principal Place of Business

900 SOUTH DILLARD STREET
WINTER GARDEN FL 34787

Mailing Address

POST OFFICE BOX 547374
ORLANDO FL 32854-7374

2. Principal Place of Business

3. Mailing Address

800 S. DILLARD ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WINTER GARDEN FL

Zip

Country

34787

Country

USA

4. FEI Number

31-1659292

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

HINSON, ROBERT C
900 ALAMEDA STREET
ORLANDO FL 32804

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
PSD
HINSON, ROBERT C
900 ALAMEDA STREET
ORLANDO FL 32804 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
PAGELLO, FRANK
330 RIPPY RIDGE ROAD
NORMANDY FL 37360 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
GIRVIN, STEVEN
800 SOUTH DILLARD STREET
WINTER GARDEN FL 34787 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SIMPSON, KATHERINE
1254 BRAMAN AVENUE
FT. MYERS FL 33901 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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

Date

Daytime Phone #

CR2E037 (9/99)