

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

FILED
Jul 21, 2003 8:00 am
Secretary of State

0019623

DOCUMENT # N99000001816

1. Entity Name

SPECIAL NEEDS OUTREACH INC.



07-21-2003 90136 047 ****61.25

Principal Place of Business

**800 SOUTH DILLARD STREET
WINTER GARDEN FL 34787**

Mailing Address

**800 SOUTH DILLARD STREET
WINTER GARDEN FL 34787**

2. Principal Place of Business

150 Temple Grove Dr
Suite, Apt. #, etc.

3. Mailing Address

150 Temple Grove Dr.
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

Winter Garden, FL

City & State

Winter Garden, FL

4. FEI Number **31-1659292**

Applied For

Not Applicable

Zip

34787

Country

USA

Zip

34787

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required.**

6. Name and Address of Current Registered Agent

**HINSON, ROBERT C
900 ALAMEDA STREET
ORLANDO FL 32804**

**AGENT SAME,
CHG. ADDRESS**

7. Name and Address of New Registered Agent

Name **SAME**

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

150 Temple Grove Dr

City

Winter Garden

FL

Zip Code

34787

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
After September 10, 2003, min will be \$236.25**

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

TITLE: **PSD** ☐ Delete
NAME: **HINSON, ROBERT C**
STREET ADDRESS: **900 ALAMEDA STREET**
CITY-ST-ZIP: **ORLANDO FL 32804**

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

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

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

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **PSD** ☒ Change ☐ Addition
NAME: **HINSON, ROBERT C**
STREET ADDRESS: **150 Temple Grove Dr.**
CITY-ST-ZIP: **Winter Garden, FL 34787**

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

TITLE: **T** ☒ Change ☐ Addition
NAME: **GIRVIN, STEVEN**
STREET ADDRESS: **814 Gordon Dr.**
CITY-ST-ZIP: **Orlando, FL 32804**

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

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

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
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

Jul 15 2003 407/656-3599

CP2E037 (4/03)