

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005643

1. Entity Name

SUPPORT ORGANIZATION FOR TRISOMY 18/13 OF FLORID

Principal Place of Business

143 FLOMICH ST.
HOLLY HILL FL 32117

Mailing Address

143 FLOMICH ST.
HOLLY HILL FL 32117-1716

2. Principal Place of Business

1707 Palm Avenue

3. Mailing Address

1707 Palm Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DELAND, FLORIDA

City & State

DELAND, FLORIDA

Zip

Country

32724 USA

Zip

Country

32724 USA

4. FEI Number

59-3606713

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KEWORK, SUZANNE
143 FLOMICH ST.
HOLLY HILL FL 32117

7. Name and Address of New Registered Agent

Name Suzanne Kework

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

1599 REVERE LANE

City Holly Hill

FL

Zip Code 32117

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 Suzanne Kework - President Suzanne Kework 4/20/00

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	KEWORK, SUZANNE	
STREET ADDRESS	143 FLOMICH ST.	
CITY-ST-ZIP	HOLLY HILL FL 32117	
TITLE	DV	<input type="checkbox"/> Delete
NAME	KEWORK, MATTHEW	
STREET ADDRESS	143 FLOMICH ST.	
CITY-ST-ZIP	HOLLY HILL FL 32117	
TITLE	DTS	<input type="checkbox"/> Delete
NAME	VICTOR, PENNY	
STREET ADDRESS	1707 PALM AVE.	
CITY-ST-ZIP	DELAND FL 32724	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Suzanne Kework	
STREET ADDRESS	1599 REVERE LANE	
CITY-ST-ZIP	Holly Hill, FL 32117	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTHEW KEWORK	
STREET ADDRESS	1599 REVERE LANE	
CITY-ST-ZIP	HOLLY HILL, FL 32117	
TITLE	DTS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: Suzanne Kework President 4/20/00 904-738-5780

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90306 010 ****70.00