

DOCUMENT # P99000058519

1. Entity Name  
ASSOCIATES IN DISABILITY MANAGEMENT, INC.

Principal Place of Business

642 7TH AVENUE  
TIERRA VERDE FL 33715

Mailing Address

4905 34TH STREET SOUTH  
PMB #285  
ST PETERSBURG FL 33711-4511

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

**FILED**  
**Jan 12, 2001 8:00 am**  
**Secretary of State**

01-12-2001 90015 035 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3585239**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PSTD			
	KIRCHNER, PHAELA B	642 7TH AVENUE	TIERRA VERDE FL 33715	
	VD			
	ORR, MAUREEN J	642 7TH AVENUE	TIERRA VERDE FL 33715	
	VD			
	CASTELLANO, KATHLEEN R	642 7TH AVENUE	TIERRA VERDE FL 33715	
	VD			
	UPCAVAGE, CINDY L	642 7TH AVENUE	TIERRA VERDE FL 33715	
	VD			
	BLUE, ANNETTE C	642 7TH AVENUE	TIERRA VERDE FL 33715	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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 #

CR2E034 (10/00)