

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90028 005 ****61.25

DOCUMENT # F93000002163

1. Entity Name
PARKINSON'S DISEASE FOUNDATION, INC.

Principal Place of Business Mailing Address
710 WEST 168TH STREET **710 WEST 168TH STREET**
NEW YORK NY 10032 **NEW YORK NY 10032**



DO NOT WRITE IN THIS SPACE

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 **13-1866796** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME	C <input type="checkbox"/> Delete BLACK, WILLIAM MRS.
STREET ADDRESS	BON REPOS, PREMIUM POINT
CITY-ST-ZIP	NEW ROCHELLE NY 10801
TITLE NAME	P <input type="checkbox"/> Delete ROWLAND, LEWIS P M.D.
STREET ADDRESS	NEUROLOGICAL INSTITUTE 710 W., 168TH ST.
CITY-ST-ZIP	NEW YORK NY 10032
TITLE NAME	S <input type="checkbox"/> Delete KONECKY, ISOBEL R
STREET ADDRESS	248 EAST 68TH STREET
CITY-ST-ZIP	NEW YORK NY 10021
TITLE NAME	T <input type="checkbox"/> Delete KALIKOW, EDWARD M
STREET ADDRESS	7001 BRUSH HOLLOW ROAD
CITY-ST-ZIP	WESTBURY NY 11590
TITLE NAME	D <input type="checkbox"/> Delete FAHN, STANLEY M.D.
STREET ADDRESS	710 WEST 168TH STREET
CITY-ST-ZIP	NEW YORK NY 10032
TITLE NAME	ATAS <input type="checkbox"/> Delete ELLIOTT, ROBIN A
STREET ADDRESS	710 WEST 168TH STREET
CITY-ST-ZIP	NEW YORK NY 10032

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

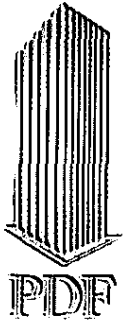
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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: *[Signature]* **RECEIVED** **4:11:01** **212-923-4700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)

Attachment Doc # F93000002116
AW53796



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Scientific Director

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Stanley Fahn, M.D.
Scientific Director
Neurological Institute
710 West 168th Street
New York, NY 10032

4/01

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A0053796

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