

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91163 037 ****61.25

DOCUMENT # F93000002163

1. Entity Name -

PARKINSON'S DISEASE FOUNDATION, INC.

Principal Place of Business

Mailing Address

**710 WEST 168TH STREET
 NEW YORK NY 10032**

**710 WEST 168TH STREET
 NEW YORK NY 10032**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-1866796

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

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

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	
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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: _____

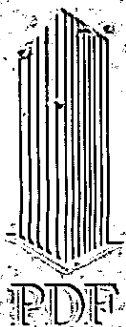
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-29-02

Daytime Phone #

CR2E037 (9/01)

501814



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