

2000 UNIFORM BUSINESS REPORT (UBR)

4.

FILED
May 23, 2000 8:00 am
Secretary of State

04-24-2000 90038 004 ****70.00

DOCUMENT # N07452

1. Entity Name

FAMILY NETWORK ON DISABILITIES OF FLORIDA, INC.

Principal Place of Business

Mailing Address

2735 WHITNEY RD
 CLEARWATER FL 33760

2735 WHITNEY RD
 CLEARWATER FL 33760-1610

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2679597

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LABELLE, JAN
2735 WHITNEY ROAD
CLEARWATER FL 34620

Name

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

City

FL Zip Code **33760**

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 NAME STREET ADDRESS CITY-ST-ZIP	VD BEDARD, ELAINE 2620 BASS WAY COOPER CITY FL 33026	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLEMAN, RICK 9 COURT THEOPHEUA ST AUGUSTINE FL 32095	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHOENIG, WALTER 2428 FAIRBANKS DRIVE CLEARWATER FL 33764	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELLACK, WENDY 11400 NW FIFTH ST PLANTATION FL 33325	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALFASSA-WHITE, RAE 19101 SW 59TH ST FT LAUDERDALE FL 33332	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LYNN LEWIS 8905 POHOY AVENUE SARASOTA, FL 34231	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JIM MESLER 2816 S.W. 81ST TERRACE DAVIE, FL 33328	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARK KAMLEITER 600 FIRST AVE. N, SUITE 305 ST. PETERSBURG, FL 33701	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (9/99)

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:

JAN LABELLE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00 **727-523-1130**
 Date Daytime Phone #