

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 12, 2000 8:00 am**  
**Secretary of State**

01-12-2000 90023 050 \*\*\*\*61.25

**DOCUMENT # N37161**

1. Entity Name

**FRIENDS FOR AUTISTIC CHILDREN, INC.**

Principal Place of Business

Mailing Address

**4 VERWOOD WAY  
 BOYNTON BEACH FL 33462  
 US**

**4 VERWOOD WAY  
 BOYNTON BEACH FL 33426-7634  
 US**

**80000351**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**11-2238052**

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

**ZUCKER, JULES, M.D.  
 16800 NW 2 AVE  
 N MIAMI BEACH FL 33169**

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  Delete  
 NAME PD  
 STREET ADDRESS MORESCHI, PAT  
 CITY-ST-ZIP 227 SOUTH CIRCLE DRIVE  
 BELLEAIR FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME VD  
 STREET ADDRESS DELUCA, ELSIE  
 CITY-ST-ZIP 4792 KIRKWOOD RD  
 LAKE WORTH FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME SD  
 STREET ADDRESS DE FILIPPO, FRANCIS  
 CITY-ST-ZIP 9772 SW 3 ST  
 BOCA RATON FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME TD  
 STREET ADDRESS MCCLOSKEY, ANN  
 CITY-ST-ZIP 4 VERWOOD WAY  
 BOYNTON BEACH FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME D  
 STREET ADDRESS MCCLOSKEY, EDWARD J.  
 CITY-ST-ZIP 4792 KIRKWOOD RD  
 LAKE WORTH FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME D  
 STREET ADDRESS DELUCA, MICHAEL  
 CITY-ST-ZIP 456 SE STARFLOWERS RD  
 PORT ST LUCIE FL

TITLE  Change  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: *Edward J. McCloskey*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/4/2000* *561-968-1831*  
 Date Daytime Phone #