

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90106 017 ****61.25

0051438

DOCUMENT # N37161

1. Entity Name

FRIENDS FOR AUTISTIC CHILDREN, INC.

Principal Place of Business

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

Mailing Address

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

00007333



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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	MORESCHI, PAT	227 SOUTH CIRCLE DRIVE	BELLEAIR FL				
VD	DELUCA, ELSIE	4792 KIRKWOOD RD	LAKE WORTH FL				
SD	DE FILIPPO, FRANCIS	9772 SW 3 ST	BOCA RATON FL				
TD	MCCLOSKEY, ANN	4 VERWOOD WAY	BOYNTON BEACH FL				
D	MCCLOSKEY, EDWARD J.	4792 KIRKWOOD RD	LAKE WORTH FL				
D	DELUCA, MICHAEL	456 SE STARFLOWERS RD	PORT ST LUCIE FL				

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: *ANN MCCLOSKEY*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/01 561-968-1834
 Date Daytime Phone #

CR2E037 (10/00)