

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90012 025 ****70.00

DOCUMENT # N41887

1. Entity Name

THE BUONICONTI FUND TO CURE PARALYSIS, INC.

Principal Place of Business

Mailing Address

1600 NW 10 AVENUE (R-48)
 MIAMI FL 33136

1600 NW 10 AVENUE (R-48)
 MIAMI FL 33136-1015

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

65-0244316

Applied For

Not Applicable

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

RAATTAMA, HENRY H JR
% AKERMAN, SENTERFIT & EIDSON, P.A.
ONE S.E. 3RD AVE., 28TH FLOOR
MIAMI FL 33131

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 **D HANLON, TIMOTHY D**
 STREET ADDRESS **2104 WILKINSON PLACE**
 CITY-ST-ZIP **ALEXANDRIA VA**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **C SCHNEDIER, JOHN A**
 STREET ADDRESS **711 FIFTH AVENUE, 9TH FLOOR**
 CITY-ST-ZIP **NEW YORK NY**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T BERNING, DIANA C**
 STREET ADDRESS **1600 NW 10 AVENUE, 4-48**
 CITY-ST-ZIP **MIAMI FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D STOKKAN, WILLIAM**
 STREET ADDRESS **1600 NW 10 AVE, R-48**
 CITY-ST-ZIP **MIAMI FL 33136**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D BUONICONTI, NICHOLAS A**
 STREET ADDRESS **445 GRAND BAY DRIVE**
 CITY-ST-ZIP **KEY BISCAYNE FL 33145**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VCS BUONICONTI, MARC**
 STREET ADDRESS **10 EDGEWATER DR, 9-H**
 CITY-ST-ZIP **CORAL GABLES FL 33133-2314**

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: Diana C. Berning **DIANA C. BERNING** **TREASURER** **305-243-3003**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)