

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 15, 2001 8:00 am**  
**Secretary of State**

02-15-2001 90002 042 \*\*\*\*61.25

**DOCUMENT # N50701**

1. Entity Name  
**THE PARENTS, FAMILIES AND FRIENDS OF LESBIANS AN**

Principal Place of Business P O BOX 141312 ORLANDO FL 32814-1312	Mailing Address P O BOX 141312 ORLANDO FL 32814-1312
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-3148285</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

~~KOLTNOW, MICHAEL  
 823 LEOPARD TRAIL  
 WINTER SPRINGS FL 32208~~

7. Name and Address of New Registered Agent

Name **SYDNEY L. JACKOWITZ**  
 Street Address (P.O. Box Number is Not Acceptable) **2502 CHANUTE TRAIL**  
 City **MAITLAND** FL Zip Code **32751**

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 *Sydney L. Jackowitz* **SYDNEY L. JACKOWITZ** **1/24/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
-------------------------------------	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KOLTNOW, MICHAEL</b> <b>823 LEOPARD</b> <b>WINTER SPRINGS FL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S D</b> <b>VARBLOW, JUDY</b> <b>898 W-CHARING BROSS CIRCLE</b> <b>LAKE ATEY FL 32746</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PUDWILL, JEFF</b> <b>4428 S. LAKE ORLANDO PKWY</b> <b>ORLANDO FL 32808</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>JACKOWITZ, SYD</b> <b>2502 CHANUTE TRAIL</b> <b>MAITLAND FL 32751</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MBD</b> <b>MERKT, DIANA H</b> <b>501 GREENSPRING CIR</b> <b>WINTER SPRINGS FL 32708</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>BAUER, BECKIE</b> <b>8661 ASPEN AVE</b> <b>ORLANDO FL 32817</b> <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Sydney L. Jackowitz* **SYDNEY L. JACKOWITZ** **1/24/01** **407-628-0283**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)

2001 Uniform Business Report for the Parents, Families and Friends of Lesbians & Gays

10. Officers and Directors Continued:

Ms. Patricia Padilla            D/P  
1925 North Street  
Longwood, Florida 32750

*N50701*

Ms. Rosie Branciforte        D  
940 Maple Creek Drive  
Orlando, Florida 32828

---

~~Ms. K-C. Galdarazzo        D~~  
~~5555 LaCosta Drive~~  
~~Orlando, Florida 32807~~

Ms. Janet Sweet                D  
715 Sugar Bay Way  
#203  
Lake Mary, Florida 32746

Ms. Donna Verali              D  
940 Maple Creek Drive  
Orlando, Florida 32828

---