

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N07452**

1. Entity Name

FAMILY NETWORK ON DISABILITIES OF FLORIDA, INC.**FILED**
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90077 010 *****70.00

0063390

Principal Place of Business

2735 WHITNEY RD
CLEARWATER FL 33760

Mailing Address

2735 WHITNEY RD
CLEARWATER FL 33760

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2679597

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

LABELLE, JAN
2735 WHITNEY ROAD
CLEARWATER FL 33760

7. Name and Address of New Registered Agent

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME BEDARD, ELAINE
STREET ADDRESS 2620 BASS WAY
CITY-ST-ZIP COOPER CITY FL 33026TITLE D ☐ Delete
NAME COLEMAN, RICK
STREET ADDRESS 9 COURT THEOPHELIA
CITY-ST-ZIP ST AUGUSTINE FL 32095TITLE TD ☐ Delete
NAME LEWIS, LYNN
STREET ADDRESS 8905 POHOY AVE
CITY-ST-ZIP SARASOTA FL 34231TITLE VD ☐ Delete
NAME MESLER, JIM
STREET ADDRESS 2816 SW 81ST TERRACE
CITY-ST-ZIP DAVIE FL 33328TITLE SD ☐ Delete
NAME KAMLEITER, MARK
STREET ADDRESS 600 FIRST AVE N STE 305
CITY-ST-ZIP SAINT PETERSBURG FL 33701TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Clements, Pamela D ☐ Change ☒ Addition
NAME
STREET ADDRESS 5648 Doonesbury Way
CITY-ST-ZIP Tallahassee, FL 32303TITLE Degryse, Paige D ☐ Change ☒ Addition
NAME
STREET ADDRESS 298 Crookedridge Court
CITY-ST-ZIP Orange Park, FL 32065TITLE Huscher, Karen D ☐ Change ☒ Addition
NAME
STREET ADDRESS 514 Hiawatha Court
CITY-ST-ZIP Inverness, FL 34452TITLE Nieves, Frank D ☐ Change ☒ Addition
NAME
STREET ADDRESS 7321 Taylor Street
CITY-ST-ZIP Hollywood, FL 33024TITLE Martin, Celia D ☐ Change ☒ Addition
NAME
STREET ADDRESS 6630 22nd Way
CITY-ST-ZIP St. Petersburg, FL 33712TITLE Romine, Lily D ☐ Change ☒ Addition
NAME
STREET ADDRESS 2718 Collins Avenue
CITY-ST-ZIP Lakeland, FL 33803

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/01 727-523-1130

CR2E037 (10/00)

Attachment

832300

#207452

**Attachment to Uniform Business Report
Family Network on Disabilities of Florida, Inc.
59-2679597**

Wainwright, Pamela D
3580 South Oakdale Terrace
Inverness, FL 34452-7150