2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
05-08-2002 90029 028 ****70.00

0080548

DOCUMENT # N07452

1. Entity Name

FAMILY NETWORK ON DISABILITIES OF FLORIDA, INC.

Principal Place of Business	Mailing Address
2735 WHITNEY RD CLEARWATER FL 33760	2735 WHITNEY RD CLEARWATER FL 33760

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	Zip / Country

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 $61.25

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	PD BEDARD, ELAINE 2620 BASS WAY COOPER CITY FL 33026	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BRODNICKI, ELAINE 5614 S.W. 103RD AVE. COOPER CITY, FL 33328	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COLEMAN, RICK 9 COURT THEOPHELIA ST AUGUSTINE FL 32095	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEGRYSE, PAIGE 298 CROOKEDRIDGE COURT ORANGE PARK, FL 32065	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LEWIS, LYNN 8905 POHOY AVE SARASOTA FL 34231	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HUSCHER, KAREN 514 HIAWATHA COURT INVERNESS, FL 34452	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MESLER, JIM 2816 SW 81ST TERRACE DAVIE FL 33328	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MESLER, JIM 13900 PINES BOULEVARD PEMBROKE PINES, FL 33026	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KAMLEITER, MARK 600 FIRST AVE N STE 305 SAINT PETERSBURG FL 33701	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NIEVES, FRANK 7321 TAYLOR STREET HOLLYWOOD, FL 33024	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLEMENTS, PAMELA 5648 DOONESBURY WAY TALLAHASSEE FL 32303	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARTIN, CELIA 6630 22ND WAY ST. PETERSBURG, FL33712	☐ Change ☒ Addition

CR2E037 (9/01)

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 REQUIRED Jan LaBelle JAN LABELLE 4/29/02 727-523-1130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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

ROMINE, LILY D
2718 COLLINS AVENUE
LAKELAND, FL 33803

SCHOENIG, WALTER D
2428 FAIRBANKS DRIVE
CLEARWATER, FL 34624-2812

WAINWRIGHT, PAMELA D
3580 SOUTH OAKDALE TERRACE
INVERNESS, FL 34452-7150