

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90165 002 ****70.00

DOCUMENT # N07452

1. Entity Name

FAMILY NETWORK ON DISABILITIES OF FLORIDA, INC.



Principal Place of Business

**2735 WHITNEY RD
CLEARWATER FL 33760**

Mailing Address

**2735 WHITNEY RD
CLEARWATER FL 33760**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRODNICKI, ELAINE 5614 SW 103RD AVE COOPER CITY FL 33328	☒ Delete
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	TD LEWIS, LYNN 8905 POHOY AVE SARASOTA FL 34231	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MESLER, JIM 13900 PINES BLVD PEMBROKE PINES FL 33026	☒ Delete
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 CLEMENTS, PAMELA 5648 DOONESBURY WAY TALLAHASSEE FL 32303	☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRODNICKI, ELAINE 5614 SW 103RD AVE. COOPER CITY, FL 33328	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DEGRYSE, PAIGE 298 CROOKEDRIDGE-COURT ORANGE PARK, FL 32065	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HUSCHER, KAREN 514 HIAWATHA COURT INVERNESS, FL 34452	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MESLER, JIM PD 2816 SW 81ST TERRACE DAVIE, FL 33328	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KAMLEITER, MARK 2509 FIRST AVENUE SOUTH ST. PETERSBURG, FL 33712	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDREWS-FORD, PAMELA 2240 WEDNESDAY STREET, APT 3 TALLAHASSEE, FL 32308	☒ Change ☐ Addition

CR2E037 (10/02)

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 LA BELLE

727-523-1130

Attachment

#107452

8041399

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

Addition: Doug Jones D
10400 Sovereign Drive
Largo, FL 33774

Addition: Sharon Rousey D
430 Lake Ruth Drive
Longwood, FL 32750

Addition: Donna Sumlin D
1489 Marsh Rabbit Way
Orange Park, FL 32003

Deletion: Frank Nieves D

Deletion: Celia Martin D