

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711630

1. Entity Name

CEREBRAL PALSY ADULT HOME, INCORPORATED

Principal Place of Business

1405 NORTHWEST 10TH STREET
DANIA FL 33004

Mailing Address

1405 NORTHWEST 10TH STREET
DANIA FL 33004-2342

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1001 N.E. 3rd Ave.

Pompano Beach, FL

33060



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1161328

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CASTINO, FONNIE
1931 NE 27TH STREET
LIGHTHOUSE POINT FL 33064

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

TITLE	VD	<input type="checkbox"/> Delete
NAME	INGALLS, BRIAN E.	
STREET ADDRESS	2480 SE 8TH CT	
CITY-ST-ZIP	POMPANNO BEACH FL 33442	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	SINDIC, FLORENCE	
STREET ADDRESS	4900 SW 29TH AVE.	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	
TITLE	RS	<input type="checkbox"/> Delete
NAME	SHERK, JUDY	
STREET ADDRESS	2425 S W 8TH COURT	
CITY-ST-ZIP	POMPANNO BEACH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LLOYD, ROBERT	
STREET ADDRESS	1373 S.W. 28TH AVE.	
CITY-ST-ZIP	DEERFIELD BCH., FL 33442	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Castino, Fonnice	
STREET ADDRESS	1931 N.E. 27th St.	
CITY-ST-ZIP	Lighthouse Point, FL 33064	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-00

Date

954-788-5992

Daytime Phone #

CR2E037 (9/99)