

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 718399

1. Entity Name

PARENTS & FRIENDS OF THE RETARDED OF CENTRAL FLO

Principal Place of Business

32853 53-6194
P.O. BOX 53-6194
ORLANDO FL 32803
US

Mailing Address

P.O. BOX 53-6194
ORLANDO FL 32853-6194
US

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

23-7366832

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATTERSON, ROBERT G.
2504 RAEFORD ROAD
ORLANDO FL 32806

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 P
NAME BUCHBINDER, MARY A
STREET ADDRESS 304 FAIRWAY POINTE CIRCLE
CITY-ST-ZIP ORLANDO FL 32808 ☒ Delete

TITLE P
NAME Lofano, Joseph
STREET ADDRESS 193 Heron Bay Circle
CITY-ST-ZIP Lake Mary, Fl. 32746 ☒ Change ☐ Addition

TITLE T
NAME PATTERSON, ROBERT G.
STREET ADDRESS 2504 RAEFORD ROAD
CITY-ST-ZIP ORLANDO FL 32806 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SR
NAME PECKHOLDT, ADELE
STREET ADDRESS 2526 DONETAIL DR
CITY-ST-ZIP OCOEE FL 32761 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME LAMONT, HELEN
STREET ADDRESS 2021 MOHICAN TR
CITY-ST-ZIP MAITLAND FL 32751 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP
NAME LOFANO, JOSEPH
STREET ADDRESS 193 HERON BAY CIRCLE
CITY-ST-ZIP LAKE MARY FL 32746 ☒ Delete

TITLE VP
NAME Loftis, Norma
STREET ADDRESS 6030 Gamble Drive
CITY-ST-ZIP Orlando, Fl. 32808 ☒ Change ☐ Addition

TITLE D
NAME BETANCOURT, NELSON
STREET ADDRESS 4913 BARCELONA STREET
CITY-ST-ZIP ORLANDO FL 32807 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

ROBERT G. PATTERSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90087 027 ****61.25



DO NOT WRITE IN THIS SPACE

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**Parents and Friends of the Retarded
Of Central Florida, Inc.
P.O. Box 6194
Orlando, Florida 32853**

**Year 2000
BOARD OF DIRECTORS**

**Lillian Richards
7966 Swordfish Lane
Orlando, Fl. 32822**

**Anthony Frattoroli
1577 Starfish Street
Kissimmee, Fl. 34744**

**Joyce Decristoforo
6330 Nightwind Circle
Orlando, Fl. 32818**

**Laverne Syring
8212 Cascade Oaks Drive
Orlando, Fl. 32822**

**Mary Ann Buchbinder
304 Fairway Pointe Circle
Orlando, Fl. 32808**

**Earl Loftis
6030 Gamble Drive
Orlando, Fl. 32808**

**Mary Ann Sarra
P.O. Box 680066
Orlando, Fl. 32868**

**Joanne Patterson
2504 Raeford Road
Orlando, Fl. 32806**