

2001 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
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 NAME STREET ADDRESS CITY-ST-ZIP	P LOFANO, JOSEPH 193 HERON BAY CIRCLE LAKE MARY FL 32746	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PATTERSON, ROBERT G. 2504 RAEFORD ROAD ORLANDO FL 32806	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SR PECKHOLDT, ADELE 2526 DONETAIL DR OCFEE FL 32761	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LAMONT, HELEN 2021 MOHICAN TR MAITLAND FL 32751	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOFTIS, NORMA 6030 GAMBLE DRIVE ORLANDO FL 32808	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BETANCOURT, NELSON 4913 BARCELONA STREET ORLANDO FL 32807	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Mary Ann Buchbinder 1212 Salemo Court Orlando, Fl. 32806	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 ROBERT G. PATTERSON 1/12/01 407-896-2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90061 045 ****61.25

702657



DO NOT WRITE IN THIS SPACE

01 '92

CR2E037 (10/00)

***Parents & Friends of the Retarded
Of Central Florida, Inc.***

P.O. Box 6194 Orlando, Florida 32853

Document # 718399

702657

**Year 2001
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
1212 Salemo Court
Orlando, Fl. 32806**

**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**

**Joseph Lofano
193 Heron Bay Circle
Lake Mary, Fl. 32746**