

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 718399

1. Entity Name

PARENTS & FRIENDS OF THE RETARDED OF CENTRAL FLORIDA, INC.

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 P ☒ Delete
NAME BUCHBINDER, MARY ANN
STREET ADDRESS 1212 SALEM COURT
CITY-ST-ZIP ORLANDO FL 32806

TITLE VP ☒ Change ☐ Addition
NAME MARY ANN BUCHBINDER
STREET ADDRESS 3714 GATLIN RIDGE DR.
CITY-ST-ZIP ORLANDO, FL, 32812

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

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

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

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

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

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

TITLE VP ☒ Delete
NAME LOFTIS, NORMA
STREET ADDRESS 6030 GAMBLE DRIVE
CITY-ST-ZIP ORLANDO FL 32808

TITLE P ☒ Change ☐ Addition
NAME NORMA LOFTIS
STREET ADDRESS 6030 GAMBLE DRIVE
CITY-ST-ZIP ORLANDO, FL, 32808

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

TITLE ☐ Change ☐ 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 life empowered.

SIGNATURE:

Robert G. Patterson

1/11/02

407-896-2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

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

P.O. Box 6194 Orlando, Florida 32853

Year 2002

Board of Directors

**Lillian Richards
7966 Swordfish Lane
Orlando, FL 32822**

**Laverne Syring
8212 Cascade Oaks Drive
Orlando, FL 32822**

**Joyce Decristoforo
6330 Nightwind Circle
Orlando, FL 32818**

**Earl Loftis
6030 Gamble Drive
Orlando, FL 32808**

**Joseph Lofano
193 Heron Bay Circle
Lake Mary, FL 32746**

**Joanne Patterson
2504 Raeford Road
Orlando, FL 32806**

**Kevin Cole
719 Park Lake Circle
Orlando, FL 32803**

**Anthony Frattoroli
1577 Starfish Street
Kissimmee, FL 34744**

Attachment
DH# 718399
BOO/0893