

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

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90159 045 ****61.25

DOCUMENT # 718399

1. Entity Name

**PARENTS & FRIENDS OF THE RETARDED OF CENTRAL FLO
RIDA, 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

4. FEI Number **23-7366832**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



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. 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	P	<input checked="" type="checkbox"/> Delete
NAME	BUCHBINDER, MARY ANN	
STREET ADDRESS	3714 GATLIN RIDGE DR	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	T	<input type="checkbox"/> Delete
NAME	PATTERSON, ROBERT G.	
STREET ADDRESS	2504 RAEFORD ROAD	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	SR	<input type="checkbox"/> Delete
NAME	PECKHOLDT, ADELE	
STREET ADDRESS	2526 DONETAIL DR	
CITY-ST-ZIP	OCOE FL 32761	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LAMONT, HELEN	
STREET ADDRESS	2021 MOHICAN TR	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	LOFTIS, NORMA	
STREET ADDRESS	6030 GAMBLE DRIVE	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BETANCOURT, NELSON	
STREET ADDRESS	4913 BARCELONA STREET	
CITY-ST-ZIP	ORLANDO FL 32807	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLENE CUNNINGHAM	
STREET ADDRESS	424 FAIRWAY POINT CIRCLE	
CITY-ST-ZIP	ORLANDO FL, 32828	
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	VP.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELIZABETH LOFANO	
STREET ADDRESS	13904 S.E. 86TH CIRCLE	
CITY-ST-ZIP	SUMMERFIELD FL, 34491	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAVERNE SYRING	
STREET ADDRESS	8212 CASCADE OAKS DRIVE	
CITY-ST-ZIP	ORLANDO, FL, 32822	

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

4-17-03 407-896-2008

CR2E037 (10/02)

Attachments # 718399 90007804
***Parents & Friends of the Retarded
of Central Florida, Inc.
P.O. Box 6194
Orlando, Florida 32853***

**Year 2003
Board of Directors**

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

**Joseph Lofano
13904 S.E. 86th. Circle
Summerfield FL 34491**

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

**Nelson Betancourt
5360 E. Kaley Street
Orlando FL 32812**

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

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

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

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