

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735433

1. Entity Name

PARENTS AND FRIENDS OF HANDICAPPED CITIZENS, INC

Principal Place of Business

2745 SUNSHINE DR.
LAKELAND FL 33801

Mailing Address

2745 SUNSHINE DR.
LAKELAND FL 33801

2. Principal Place of Business

1038 SUNSHINE DR. E.

3. Mailing Address

1038 SUNSHINE DR. E.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKELAND, FL

City & State

LAKELAND, FL

4. FEI Number

59-2311542

Applied For

Not Applicable

Zip

33801

Country

USA

Zip

33801

Country

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SKOKAN, OTTO R.
1323 LK BONNY DR., WEST
LAKELAND FL 33801

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

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE SD
NAME FORTIN, GRACE
STREET ADDRESS 3910 DUCHESS DR
CITY-ST-ZIP LAKELAND FL 33803 ☐ Delete

TITLE D
NAME BOLAND, VINCENT
STREET ADDRESS 1810 PETERSBURG AVE
CITY-ST-ZIP LAKELAND FL 33803 ☐ Delete

TITLE D
NAME YONKER, HAROLD
STREET ADDRESS 1610 REYNOLDS RD, 52 CITRUS WOOD
CITY-ST-ZIP LAKELAND FL 33801 ☐ Delete

TITLE D
NAME HIERS, CLAUDE
STREET ADDRESS 6811 RED FOX RUN
CITY-ST-ZIP LAKELAND FL 33813 ☐ Delete

TITLE DP
NAME HODGKINSON LOU MRS.
STREET ADDRESS 2820 NO. CANAL DR.
CITY-ST-ZIP LAKELAND FL 33801 ☐ Delete

TITLE TD
NAME SKOKAN, OTTO
STREET ADDRESS 1323 LK. BONNY DR W.
CITY-ST-ZIP LAKELAND FL 33801-2393 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD
NAME FORTIN, GRACE
STREET ADDRESS 4260 DUCHESS DR
CITY-ST-ZIP LAKELAND, FL 33811 ☒ Change ☐ Addition

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

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

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

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

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:

OTTO R. SKOKAN

1-8-02

(863) 682-2812

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)