

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2000 8:00 am**  
**Secretary of State**

02-08-2000 90042 022 \*\*\*\*70.00

**DOCUMENT # 744681**

1. Entity Name

**HABILITATION CENTER FOR THE HANDICAPPED, INC.**

Principal Place of Business

Mailing Address

22313 BOCA RIO ROAD  
 BOCA RATON FL 33433

22313 BOCA RIO ROAD  
 BOCA RATON FL 33433-4701

711029



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1859543**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**FERRIS, WILLIAM C.**  
**22313 BOCA RIO RD**  
**BOCA RATON FL 33433**

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 **D**  Delete  
 NAME **FEIGL, RUTH**  
 STREET ADDRESS **7402 PANACHE WAY**  
 CITY-ST-ZIP **BOCA RATON FL**

TITLE **D**  Change  Add  
 NAME **Sylvia Saposnekoo**  
 STREET ADDRESS **2040 Lyndhurst J**  
 CITY-ST-ZIP **Deerfield Beach, FL 33442**

TITLE **D**  Delete  
 NAME **MORRISON, KAREN L**  
 STREET ADDRESS **3757 LONE PINE ROAD**  
 CITY-ST-ZIP **DELRAY BEACH FL**

TITLE **D**  Change  Add  
 NAME **Marlene Ince**  
 STREET ADDRESS **902 Clint Moore Road Suite 230**  
 CITY-ST-ZIP **Boca Raton, FL 33431**

TITLE **D**  Delete  
 NAME **POMERANZ, STEVEN**  
 STREET ADDRESS **ONE WEST CAMINO REAL BLVD., #205**  
 CITY-ST-ZIP **BOCA RATON FL**

TITLE **D**  Change  Add  
 NAME **Sabine M. Watt**  
 STREET ADDRESS **4570 N.W. 6th Street**  
 CITY-ST-ZIP **Deerfield Beach, FL 33442**

TITLE **D**  Delete  
 NAME **DUNNE, JAMES M.**  
 STREET ADDRESS **2374 NW 29 RD**  
 CITY-ST-ZIP **BOCA RATON FL**

TITLE  Change  Add  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **WEINSTEIN JOAN**  
 STREET ADDRESS **11455 WISPER SOUND DR**  
 CITY-ST-ZIP **BOCA RATON FL**

TITLE  Change  Add  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **MED**  Delete  
 NAME **FERRIS, WILLIAM**  
 STREET ADDRESS **22313 BOCA RIO RD**  
 CITY-ST-ZIP **BOCA RATON FL**

TITLE  Change  Add  
 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 like empowered.

SIGNATURE:

*(Signature)*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William Ferris

01/20/00

561-483-4200

Date

Daytime Phone #