

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2000 8:00 am**  
**Secretary of State**

01-24-2000 90011 012 \*\*\*\*61.25

**DOCUMENT # 752234**

1. Entity Name

**THE FLORIDA PARAPLEGIC ASSOCIATION**

Principal Place of Business

Mailing Address

**MILDRED LEVENSON  
 7441 WAYNE AVE., APT. 3I  
 MIAMI BEACH FL 33141  
 US**

**MILDRED LEVENSON  
 7441 WAYNE AVE., APT. 3I  
 MIAMI BEACH FL 33141-2542  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-6194486**

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

**LEVENSON, MILDRED  
 7441 WAYNE AVE., APT. 3I  
 MIAMI BEACH FL 33141**

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  Delete  
 NAME **P LEVENSON, MILDRED**  
 STREET ADDRESS **7441 WAYNE AVE APT 3I**  
 CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE  Change  Addition  
 NAME **Mildred Levenson, Pres**  
 STREET ADDRESS **7441 Wayne Ave. Apt. 3 I**  
 CITY-ST-ZIP **Miami Beach, Florida 33141**

TITLE  Delete  
 NAME **V MERKER, MURIEL**  
 STREET ADDRESS **1710 S.W. 89 PL**  
 CITY-ST-ZIP **MIAMI FL 33165**

TITLE  Change  Addition  
 NAME **Mac Glasgow, Vice President**  
 STREET ADDRESS **65 Palmetto Drive**  
 CITY-ST-ZIP **Miami Springs, Florida 33186**

TITLE  Delete  
 NAME **S SHAROUHIS, WILLIAM**  
 STREET ADDRESS **100 S.E. 2ND ST., 2ND FL**  
 CITY-ST-ZIP **MIAMI FL**

TITLE  Change  Addition  
 NAME **Denny Wood, Secretary**  
 STREET ADDRESS **13000-S. W. 92 Avenue**  
 CITY-ST-ZIP **B-403, Miami, Florida 33176**

TITLE  Delete  
 NAME **T SHOTZ, FRED**  
 STREET ADDRESS **2699 STIRLING ROAD**  
 CITY-ST-ZIP **FT. LAUDERDALE FL 33312**

TITLE  Change  Addition  
 NAME **1kFred Shotz, Treasurer**  
 STREET ADDRESS **2699 Stirling Road**  
 CITY-ST-ZIP **Ft. Lauderdale, Florida 33312**

TITLE  Delete  
 NAME **D BURNETT, PEARL**  
 STREET ADDRESS **13080 ORTEGA LANE**  
 CITY-ST-ZIP **N. MIAMI FL 33181**

TITLE  Change  Addition  
 NAME **Margie Burnett, Bd.D.**  
 STREET ADDRESS **13080 Ortega Lane**  
 CITY-ST-ZIP **Moami, Florida 33181**

TITLE  Delete  
 NAME **D GLASGOW, MAC**  
 STREET ADDRESS **65 PALMETTO DRIVE**  
 CITY-ST-ZIP **MIAMI SPRINGS FL 33166**

TITLE  Change  Addition  
 NAME **Jeanne Lawrence, Bd.**  
 STREET ADDRESS **301 174th Street, Apt. 107**  
 CITY-ST-ZIP **N. Miami Beach, Florida 33160**

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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)