

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

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90221 024 ****61.25

DOCUMENT # 752234

1. Entity Name
THE FLORIDA PARAPLEGIC ASSOCIATION



Principal Place of Business

~~MILDRED LEVENSON~~
7441 WAYNE AVE., APT. 31
MIAMI BEACH FL 33141
US

Mailing Address

~~MILDRED LEVENSON~~
7441 WAYNE AVE., APT. 31
MIAMI BEACH FL 33141
US

2. Principal Place of Business

DENNY R. Wood
Suite, Apt. #, etc.
13000 SW 92 Ave B-403

City & State
Miami FL

Zip
33176

Country
USA

3. Mailing Address

Denny R. Wood
Suite, Apt. #, etc.
13000 SW 92 Ave B-403

City & State
Miami FL

Zip
33176

Country
USA



☐ CHECK HERE IF MAKING CHANGES

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

LEVENSON, MILDRED
7441 WAYNE AVE., APT. 31
MIAMI BEACH FL 33141

7. Name and Address of New Registered Agent

Name **DENNY R. WOOD**
Street Address (P.O. Box Number is Not Acceptable) **13000 SW 92 AVE B-403**
City **Miami** FL Zip Code **33176**

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 **Denny R. Wood**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/22/03
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

TITLE ☐ Delete
NAME **LEVENSON, MILDRED**
STREET ADDRESS **7441 WAYNE AVE APT 31**
CITY-ST-ZIP **MIAMI BEACH FL 33141**
RESIGNED

TITLE ☐ Delete
NAME **GLASSGOW, MAC**
STREET ADDRESS **65 PALMETTO DR**
CITY-ST-ZIP **MIAMI SPRINGS FL 33166**
RESIGNED

TITLE ☐ Delete
NAME **WOOD, DENNY**
STREET ADDRESS **13000 SW 92ND AVE**
CITY-ST-ZIP **MIAMI FL 33176**
PRESIDENT

TITLE ☐ Delete
NAME **SHOTE, FRED**
STREET ADDRESS **2099 STIRLING ROAD**
CITY-ST-ZIP **FT. LAUDERDALE FL 33342**

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

TITLE ☐ Delete
NAME **LAWRENCE, JEANNE**
STREET ADDRESS **301 174TH ST #107**
CITY-ST-ZIP **N. MIAMI BCH FL 33160**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☒ Addition
NAME **SECRETARY DAMIAN GREGORY**
STREET ADDRESS **11342 SW 163 ST**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE ☒ Change ☐ Addition
NAME **PRESIDENT**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **DIRECTOR PEARL BURNETT**
STREET ADDRESS **13080 ORTEGA LANE**
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME **MARJORIE BURNETT**
STREET ADDRESS **21850 SW 103 ST**
CITY-ST-ZIP **MIAMI, FL 33190 #301**

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 Denny R. Wood**

63-022-03 305 253-2563

CR2E037 (10/02)