

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

8/7/2003-90123-012-\$61.25-\$61.25

000002

DOCUMENT # NO1000003995

1. Entity Name

THE POST POLIO ASSOCIATION OF SOUTH FLORIDA, INC



03 SEP 19 PM 3:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

516 N.E. 199 TERRACE  
MIAMI FL 33176

Mailing Address:

516 N.E. 199 TERRACE  
MIAMI FL 33176

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **APPLIED FOR**

20-016-584/9

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

GEBEL, SIMA  
516 N.E. 199 TERRACE  
MIAMI FL 33176

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Sima P. Gebel, Inc.*

(NOTE: Registered Agent signature required when reinstating)

7/1/03

DATE

**FILE NOW: FEE IS \$81.25**  
**After September 10, 2003, min will be \$236.25**

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 PD  
NAME GEBEL, SIMA  
STREET ADDRESS 516 N.E. 199 TERRACE  
CITY-ST-ZIP MIAMI FL 33176 ☐ Delete

TITLE VD  
NAME THAYER, DONALD  
STREET ADDRESS 2907 JEFFERSON STREET  
CITY-ST-ZIP MIAMI FL 33133 ☐ Delete

TITLE SD  
NAME LUPISILL, CAROL  
STREET ADDRESS 6905 SW 6 STREET  
CITY-ST-ZIP PEMBROKE PINES FL 33023 ☐ Delete

TITLE SD  
NAME WALL, ALICE  
STREET ADDRESS 600 NE 25 STREET  
CITY-ST-ZIP MIAMI FL 33137 ☐ Delete

TITLE TD  
NAME GRITSKE, BARBARA  
STREET ADDRESS 2660 SE 7 PL  
CITY-ST-ZIP BISCAYNE PARK FL 33181 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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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:

*Sima P. Gebel, Inc.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/03

Date

305-230-0687

Daytime Phone #

CR2E037 (4/03)