

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N07452**

1. Entity Name

FAMILY NETWORK ON DISABILITIES OF FLORIDA, INC.**FILED****May 08, 2002 8:00 am**
Secretary of State

05-08-2002 90029 028 ****70.00

Principal Place of Business

Mailing Address

**2735 WHITNEY RD
CLEARWATER FL 33760****2735 WHITNEY RD
CLEARWATER FL 33760**

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

59-2679597

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

**LABELLE, JAN
2735 WHITNEY ROAD
CLEARWATER FL 33760**

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 \$61.259. 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 NAME STREET ADDRESS CITY-ST-ZIP	PD BEDARD, ELAINE 2620 BASS WAY COOPER CITY FL 33026	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLEMAN, RICK 9 COURT THEOPHELIA ST AUGUSTINE FL 32095	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEWIS, LYNN 8905 POHOY AVE SARASOTA FL 34231	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MESLER, JIM 2816 SW 81ST TERRACE DAVIE FL 33328	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KAMLEITER, MARK 600 FIRST AVE N STE 305 SAINT PETERSBURG FL 33701	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLEMENTS, PAMELA 5648 DOONESBURY WAY TALLAHASSEE FL 32303	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRODNICKI, ELAINE 5614 S.W. 103RD AVE. COOPER CITY, FL 33328	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEGRYSE, PAIGE 298 CROOKEDRIDGE COURT ORANGE PARK, FL 32065	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUSCHER, KAREN 514 HIAWATHA COURT INVERNESS, FL 34452	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MESLER, JIM 13900 PINES BOULEVARD PEMBROKE PINES, FL 33026	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NIEVES, FRANK 7321 TAYLOR STREET HOLLYWOOD, FL 33024	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, CELIA 6630 22ND WAY ST. PETERSBURG, FL 33712	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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:

JAN LABELLE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR4/29/02 727-523-1130
Date Daytime Phone #

CR2E037 (9/01)

**Attachment to Uniform Business Report
Family Network on Disabilities of Florida, Inc.
59-2679597**

ROMINE, LILY D
2718 COLLINS AVENUE
LAKELAND, FL 33803

SCHOENIG, WALTER D
2428 FAIRBANKS DRIVE
CLEARWATER, FL 34624-2812

WAINWRIGHT, PAMELA D
3580 SOUTH OAKDALE TERRACE
INVERNESS, FL 34452-7150