2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # N17458** Feb 28, 2000 8:00 am **Secretary of State** UNITED CEREBRAL PALSY OF SOUTH FLORIDA FOUNDATIO 02-28-2000 90107 001 ***210.00 Principal Place of Business Mailing Address 1411 N.W. 14 AVE. 1411 N.W. 14 AVE. MIAM! FL 33125-1616 MIAMI FL 33125 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FFI Number City & State 65-0315514 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) ANIELLO, JOSEPH A. 1411 N.W. 14 AVE. **MIAMI FL 33125** Zip Code City FL 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) Make Check Payable to FILE NOW-9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Addition TITLE Change TITLE ☐ Delete NAME NAME SCHILLINGER, JACK STREET ADDRESS STREET ADDRESS 1225 N.E. 93 ST. CITY-ST-ZIP CITY-ST-ZIP MIAMI SHORES FL 33138 Addition Change ☐ Delete TITLE TITLE STD NAME NAME NOBOA, A. ANTHONY STREET ADDRESS STREET ADDRESS 9600 COLLINS AVENUE CITY-ST-ZIP CITY-ST-ZIP BAL HARBOR FL ☐ Addition ☐ Delete Change TITLE TITLE NAME NAME LUSTIG. ROY STREET ADDRESS STREET ADDRESS 2600 DOUGLAS S911 CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Change Addition TITLE ☐ Delete TITLE ANIELLO, JOSEPH A NAME NAME STREET ADDRESS STREET ADDRESS 1411 NW 14 AVE CITY-ST-ZIP CITY-ST-ZIP <u>miami FL. 33125</u> ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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