

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90177 042 ****70.00

DOCUMENT # N17458

1. Entity Name

UNITED CEREBRAL PALSY OF SOUTH FLORIDA FOUNDATIO

Principal Place of Business

Mailing Address

1411 N.W. 14 AVE.
 MIAMI FL 33125

1411 N.W. 14 AVE.
 MIAMI FL 33125

00034100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0315514

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ANIELLO, JOSEPH A.
1411 N.W. 14 AVE.
MIAMI FL 33125

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 _____ DATE _____

Signatura, 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	CD	<input type="checkbox"/> Delete
NAME	SCHILLINGER, JACK	
STREET ADDRESS	1225 N.E. 93 ST.	
CITY-ST-ZIP	MIAMI SHORES FL 33138	
TITLE	STD	<input type="checkbox"/> Delete
NAME	NOBOA, A. ANTHONY	
STREET ADDRESS	9600 COLLINS AVENUE	
CITY-ST-ZIP	BAL HARBOR FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUSTIG, ROY	
STREET ADDRESS	2600 DOUGLAS S911	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	PMD	<input type="checkbox"/> Delete
NAME	ANIELLO, JOSEPH A	
STREET ADDRESS	1411 NW 14 AVE	
CITY-ST-ZIP	MIAMI FL. 33125	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

2/26/01 (305) 325-1080
 Date Daytime Phone #

CR2E037 (10/00)