

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 26, 2004 8:00 am**  
**Secretary of State**

01-26-2004 90054 042 \*\*\*\*70.00



**DOCUMENT # N17458**

1. Entity Name  
**UNITED CEREBRAL PALSY OF SOUTH FLORIDA FOUNDATION, INC.**

Principal Place of Business  
 10899 S.W. 4TH ST.  
 MIAMI, FL 33174

Mailing Address  
 10899 S.W. 4TH ST.  
 MIAMI, FL 33174

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01122004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**65-0315514**

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

**ROY R. LUSTIG, ESQ.**  
**2600 DOUGLAS RD, STE 908**  
**MIAMI, FL 33134**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2004**

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 NAME  Delete  
**CD SCHILLINGER, JACK**  
 STREET ADDRESS **1225 N.E. 93 ST.**  
 CITY-ST-ZIP **MIAMI SHORES, FL 33138**

TITLE NAME  Delete  
**D LUSTIG, ROY**  
 STREET ADDRESS **2600 DOUGLAS S911**  
 CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE NAME  Delete  
**PD ANIELLO, JOSEPH A**  
 STREET ADDRESS **10899 S.W. 4TH ST.**  
 CITY-ST-ZIP **MIAMI, FL 33174**

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE NAME  Change  Addition  
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-24-04 305 547-2189**  
Date Daytime Phone #