


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

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90226 025 \*\*\*\*70.00

**DOCUMENT # N17458**

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



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

Mailing Address  
**1411 N.W. 14 AVE.  
MIAMI FL 33125**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**10899 S.W. 4th Street**  
Suite, Apt. #, etc.

City & State  
**Miami, Florida**

City & State  
**Miami, Florida**

Zip  
**33174**

Country  
**Miami-Dade**

4. FEI Number **65-0315514**

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**

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

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

**FILE NOW: FEE IS \$61.25**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>CD SCHILLINGER, JACK 1225 N.E. 93 ST. MIAMI SHORES FL 33138</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD NOBOA, A. ANTHONY 9600 COLLINS AVENUE BAL HARBOR FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LUSTIG, ROY 2600 DOUGLAS S911 CORAL GABLES FL 33134</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD ANIELLO, JOSEPH A 10899 S.W. 4TH ST. MIAMI FL 33174</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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:** SIGNATURE REQUIRED Joseph Aniello, P.D. 1-21-03 305.547-4185

CR2E037 (10/02)