

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27105

1. Entity Name

FLORIDA CENTER FOR THE HANDICAPPED, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90034 028 ****61.25

Principal Place of Business	Mailing Address
910 OAKFIELD DR STE 203 BRANDON FL 33511 US	750 W. LUMSDEN BRANDON FL 33511-6217

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	Applied For
59-2898151	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CLIFTON C. CURRY
 750 W. LUMSDEN
 BRANDON FL 33511

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	MIRA, CHRIS M.	
STREET ADDRESS	1501 CREST CT	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MIRA, PATRICIA L.	
STREET ADDRESS	1501 CREST CT	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KELLY, DANIEL	
STREET ADDRESS	1401 MONTY LAKE DR	
CITY-ST-ZIP	VALRICO FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KELLY, MARY	
STREET ADDRESS	1401 MONTY LAKE DR	
CITY-ST-ZIP	VALRICO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: 7 SIGNATURE REQUIRED 4/10/00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)