

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90126 043 ****61.25

DOCUMENT # N38014

1. Entity Name

SERENITY HOUSE PEDIATRIC AIDS FOUNDATION, INC.

Principal Place of Business

Mailing Address

**2500 CURRY FORD RD
ORLANDO FL 32806
US****2500 CURRY FORD ROAD
ORLANDO FL 32806-2506
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3007039

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**ENGLEILT, AUGUST
10113 MARQUIRE DR.
ORLANDO FL 32825**

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)

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 NAME STREET ADDRESS CITY-ST-ZIP	D CLAUDE, VINCE 5337 OLD OAK TREE DRIVE ORLANDO FL 32808	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Claude, Vince 5337 Old Oak Tree Drive Orlando, FL 32808	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'BRIEN, TIM 1023 CALIFORNIA CR DR OVIEDO FL 32765	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Murray, Diana B. 1731 Sanata Maria Place Orlando, FL 32806	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHERWOOD, BOB 141 E COPELAND DR ORLANDO FL 32806	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUETER, STEVE 162 SPRING CHASE CIR ALTAMONTE SPRINGS FL 3281	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD REYNOLDS, SUYREA 21153 REINDEER RD CHRISTMAS FL 32709	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPE PRINZ, DEBBIE 601 E. ROLLINS ST ORLANDO FL 32803	<input checked="" type="checkbox"/> Delete	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 line empowered.

SIGNATURE:**SIGNATURE REQUIRED**
DONNA L. SMITH

04-21-00 (407) 894-2233

Date

Daytime Phone #

CR2E037 (9/99)