

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38014

1. Entity Name

SERENITY HOUSE PEDIATRIC AIDS FOUNDATION, INC.

Principal Place of Business

2500 CURRY FORD RD  
ORLANDO FL 32806  
US

Mailing Address

2500 CURRY FORD ROAD  
ORLANDO FL 32806  
US

2. Principal Place of Business

401 East South St.

Suite, Apt. #, etc.

3. Mailing Address

401 East South St.

Suite, Apt. #, etc.

City & State

Orlando, Florida

City & State

Orlando, Florida

Zip

32801

Country

Zip

32801

Country

4. FEI Number

59-3007039

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ENGLEILT, AUGUST  
10113 MARQUIRE DR.  
ORLANDO FL 32825

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

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

TITLE PD ☐ Delete  
NAME CLAUDE, VINCE  
STREET ADDRESS 5337 OLD OAK TREE DRIVE  
CITY-ST-ZIP ORLANDO FL 32808

TITLE D ☒ Delete  
NAME O'BRIEN, TIM  
STREET ADDRESS 1023 CALIFORNIA CR DR  
CITY-ST-ZIP OVIEDO FL 32765

TITLE SD ☐ Delete  
NAME SHERWOOD, BOB  
STREET ADDRESS 141 E COPELAND DR  
CITY-ST-ZIP ORLANDO FL 32806

TITLE TD ☐ Delete  
NAME MURRAY, DIANA B  
STREET ADDRESS 1731 SANATA MARIA PLACE  
CITY-ST-ZIP ORLANDO FL 32806

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition  
NAME Donna Smith  
STREET ADDRESS Director  
CITY-ST-ZIP 401 E. South Street  
Orlando, Florida 32801

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

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

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

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

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

CREE037 (10/00)