

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 11, 2000 8:00 am**  
**Secretary of State**

09-11-2000 90003 026 \*\*\*\*61.25

**DOCUMENT # N42193**

1. Entity Name

**POST POLIO SYNDROME SUPPORT GROUP OF GREATER FOR**

*R*

Principal Place of Business

Mailing Address

10310 E CLAIRMONT CIR  
 TAMARAC FL 33321  
 US

10310 E CLAIRMONT CIR  
 TAMARAC FL 33321  
 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

**65-0254465**

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

7. Name and Address of New Registered Agent

**GOLDBERG, JULIUS**  
 10310 E CLAIRMONT CIR  
 TAMARAC FL 33321

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**

**After September 13, 2000 min. will be \$236.25**

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: PD  Delete  
 NAME: BIHLER, EUNICE  
 STREET ADDRESS: 9580 WELDON CIR  
 CITY-ST-ZIP: TAMARAC FL 33321

TITLE: PRESIDENT  Change  Addition  
 NAME: BRUDO, EMANUEL  
 STREET ADDRESS: 10368 NW 24th PL  
 CITY-ST-ZIP: FT LAUDERDALE, FL 33331

TITLE: V/D  Delete  
 NAME: FORD, PAT  
 STREET ADDRESS: P O BOX 15824  
 CITY-ST-ZIP: PLANTATION FL 33318

TITLE:  Change  Addition  
 NAME:  Change  Addition

TITLE: VD  Delete  
 NAME: BRUDO, EMANUEL  
 STREET ADDRESS: 10368 NW 24th PL  
 CITY-ST-ZIP: FT LAUDERDALE FL 33321

TITLE: VNS VICE-PRESIDENT  Change  Addition  
 NAME: BIHLER, EUNICE  
 STREET ADDRESS: 9580 WELDON CIR  
 CITY-ST-ZIP: TAMARAC FL 33321

TITLE: SD  Delete  
 NAME: LIEB, RUTH  
 STREET ADDRESS: 900 NE 18TH AVE 708  
 CITY-ST-ZIP: FT LAUDERDALE FL 33304

TITLE:  Change  Addition  
 NAME:  Change  Addition

TITLE: T  Delete  
 NAME: GOLDBERG, JULIUS  
 STREET ADDRESS: 10310 E CLAIRMONT CIR  
 CITY-ST-ZIP: TAMARAC FL 33321

TITLE:  Change  Addition  
 NAME:  Change  Addition

TITLE: D  Delete  
 NAME: FREIVOGEL, PAULA  
 STREET ADDRESS: 11216 SPRING CIR AVE  
 CITY-ST-ZIP: CORAL SPRINGS FL 33071

TITLE:  Change  Addition  
 NAME:  Change  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: *Julius Goldberg*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/5/00 954 722 3289

Date Daytime Phone #

CR2E037 15/001