

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 26, 2002 8:00 am
Secretary of State

08-26-2002 90063 029 ****61.25

DOCUMENT # N42193

1. Entity Name

**POST POLIO SYNDROME SUPPORT GROUP OF GREATER FOR
T LAUDERDALE, INC.**

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

111 S. HOLLYBROOK DRIVE

111 SOUTH HOLLYBROOK DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

108

108

City & State

City & State

PEMBROKE PINES, FL

PEMBROKE PINES, FL

Zip

Country

Zip

Country

33025 USA

USA

33025

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0254465

☒ 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

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

Name **DORA J. SACCO**

Street Address (P.O. Box Number is Not Acceptable) **111 SOUTH HOLLYBROOK DRIVE**

Apt 108

City **PEMBROKE PINES**

FL

Zip Code **33025**

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

Dora J. Sacco
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8/20/2002

**After September 13, 2002,
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 ☐ Delete
NAME **PD**
STREET ADDRESS **BRUDO, EMANUEL**
CITY-ST-ZIP **10368 NW 24TH PLACE
FT LAUDERDALE FL 33321**

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

TITLE ☒ Delete
NAME **WD**
STREET ADDRESS **FORD, PAT**
CITY-ST-ZIP **P O BOX 15824
PLANTATION FL 33318**

TITLE ☒ Change ☒ Addition
NAME **PHYLLIS MASS**
STREET ADDRESS **7423 GRANVILLE DRIVE**
CITY-ST-ZIP **TAMARAC, FLA., 33321**

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **BILTNER, EUNICE**
CITY-ST-ZIP **9580 WELDON CIRCLE
TAMARAC FL 33321**

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

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **HAYDEN, JOSEPHINE**
CITY-ST-ZIP **5853 HALMBERG ROAD # 3216
PARKLAND FL 33067**

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

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

TITLE ☒ Change ☒ Addition
NAME **DORA J. SACCO**
STREET ADDRESS **111 S. HOLLYBROOK DRIVE, APT. 108**
CITY-ST-ZIP **PEMBROKE PINES, FL 33025**

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

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: *Dora J. Sacco* **REQUIRED**

8/20/2002 (954) 442-0839

CR2E037 (4/02)