

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44622

1. Entity Name

POLIO/POST-POLIO RESOURCE GROUP OF CENTRAL FLORI

Principal Place of Business

Mailing Address

481 MEADOWOOD BLVD
FERN PARK FL 32730

481 MEADOWOOD BLVD
FERN PARK FL 32730-2942
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

59-3110507

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

SINGLETON, J. ANN
481 MEADOWOOD BLVD
FERN PARK FL 32730

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

J. Ann Singleton

(NOTE: Registered Agent signature required when reinstating)

1-4-2000

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 DP ☐ Delete
NAME BARTHOLOMEW, JACQUELINE
STREET ADDRESS 481 MEADOWOOD BLVD
CITY-ST-ZIP FERN PARK FL

TITLE DP ☒ Change ☐ Addition
NAME Singleton J. Ann
STREET ADDRESS 481 Meadowood Blvd.
CITY-ST-ZIP Fern Park FL

TITLE D ☐ Delete
NAME LITSINSER, GEORGE M
STREET ADDRESS 2861 MAPLETON LANE
CITY-ST-ZIP MT DORA FL

TITLE DT ☒ Change ☐ Addition
NAME DAVIS AUDREY S
STREET ADDRESS 2907 STALLION DR
CITY-ST-ZIP ORLANDO, FLA 32822

TITLE DT ☒ Delete
NAME HESSEL, HELEN
STREET ADDRESS 581 LITTLE RIVER LOOP, #164
CITY-ST-ZIP ALTAMONTE SPRINGS FL

TITLE DT ☒ Change ☐ Addition
NAME WAYNE DAVIS E
STREET ADDRESS 2907 STALLION DR
CITY-ST-ZIP ORLANDO, FLA 32822

TITLE D ☒ Delete
NAME SCHOELLER, M F
STREET ADDRESS 123 BURNT TREE CT
CITY-ST-ZIP OCOEE FL 34761

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

J. Ann Singleton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-2000 407-260-9238

Date

Daytime Phone #

CR2E037 (9/99)