

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2001 8:00 am**  
**Secretary of State**

03-14-2001 90498 005 \*\*\*\*70.00

**DOCUMENT # N44836**

1. Entity Name

**POST POLIO SUPPORT GROUP OF BREVARD, INCORPORATE**

Principal Place of Business

3405 PURQUE STREET  
 MELBOURNE FL 32901  
 US

Mailing Address

2361 ERSOFF BLVD NE  
 PALM BAY FL 32905  
 US

2. Principal Place of Business

266 Harvey Ave NE  
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Palm Bay FL

City & State

Zip Country

32907 BREVARD

4. FEI Number

59-3076005

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

RINGER, PAMELA  
 2361 ERSOFF BLVD NE  
 PALM BAY FL 32905

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 DP  
 NAME CASABIANCA, CATHERINE  
 STREET ADDRESS 366 HARVEY AVE  
 CITY-ST-ZIP PALM BAY FL 32905 ☐ Delete

TITLE DS  
 NAME MANASERI, LOIS  
 STREET ADDRESS 554 EWING ST NE  
 CITY-ST-ZIP PALM BAY FL 32905 ☒ Delete

TITLE DV  
 NAME MILLETT, PAUL  
 STREET ADDRESS 3625 MURRELL RD  
 CITY-ST-ZIP ROCKLEDGE FL 32955 ☒ Delete

TITLE T  
 NAME RINGER, PAMELA  
 STREET ADDRESS 2361 ERSOFF BLVD NE  
 CITY-ST-ZIP PALM BAY FL 32905 ☐ Delete

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 DP ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 266 HARVEY AVE N.E.  
 CITY-ST-ZIP

TITLE DV ☒ Change ☐ Addition  
 NAME VICE PRESIDENT  
 STREET ADDRESS JOHN MANASERI  
 CITY-ST-ZIP 554 EWING ST. NE  
 PALM BAY FL 32907

TITLE DS ☒ Change ☐ Addition  
 NAME SECRETARY  
 STREET ADDRESS BARBARA DEERE  
 CITY-ST-ZIP 7041 RODES PLACE  
 W. MELBOURNE FL 32904

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:

*Catherine Casabianca*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/01

321-729-3109

CR2E037 (10/00)