

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90036 044 \*\*\*\*70.00

**DOCUMENT # N44836**

1. Entity Name

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

Principal Place of Business

Mailing Address

266 HARVEY AV NE  
PALM BAY FL 32907  
US

2361 ERSOFF BLVD NE  
PALM BAY FL 32905  
US

B0051057



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

554 EWING ST. N.E.

2748 CARLSON CIR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT. 102 Box 100

City & State  
PALM BAY

City & State  
Melbourne FL

Zip  
FL

Country  
USA

Zip  
32901

Country  
USA

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

RINGER, PAMELA  
2361 ERSOFF BLVD NE  
PALM BAY FL 32905

Name

Street Address (P.O. Box Number is Not Acceptable)

2748 CARLSON CIR. APT. 102  
Box 100

City

Melbourne

FL

Zip Code  
32901

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 *PAMELA Ringer, Treasurer*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/05/02  
 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 CASABIANCA, CATHERINE  
 STREET ADDRESS 266 HARVEY AV NE  
 CITY-ST-ZIP PALM BAY FL 32905

TITLE DP ☒ Change ☐ Addition  
 NAME MAASERI, John  
 STREET ADDRESS 554 EWING ST. NE  
 CITY-ST-ZIP PALM BAY FL 32907

TITLE DV ☐ Delete  
 NAME MANASERI, JOHN  
 STREET ADDRESS 554 EWING ST NE  
 CITY-ST-ZIP PALM BAY FL 32907

TITLE DV ☒ Change ☐ Addition  
 NAME RINGER, MAYNARD  
 STREET ADDRESS 2748 CARLSON CIR. APT. 102 Box 100  
 CITY-ST-ZIP Melbourne, FL 32901

TITLE DS ☒ Delete  
 NAME DEEBE, BARBARA  
 STREET ADDRESS 7041 RODES PL  
 CITY-ST-ZIP MELBOURNE FL 32904

TITLE ☒ Change ☐ Addition  
 NAME MANASERI, LOIS  
 STREET ADDRESS 554 EWING ST. N.E  
 CITY-ST-ZIP Palm Bay, FL 32907

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

TITLE ☐ Change ☐ Addition  
 NAME Ringer, Pamela  
 STREET ADDRESS 2748 CARLSON CIR APT. 102 Box 100  
 CITY-ST-ZIP Melbourne, FL 32901

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: *JOHN A. MANASERI*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10 MARCH 2002

321456-8636

Date

Daytime Phone #

CR2E037 (9/01)