

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50367

1. Entity Name

SOUTH FLORIDA ASSOCIATION FOR DISABILITY ADVOCAC

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90054 027 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1335 NW 14 STREET  
SUITE 200  
MIAMI FL 33125  
US

SFADA, INC  
1335 NW 14 ST #200  
MIAMI FL 33125-1647  
US

2. Principal Place of Business

501 NE First Ave.

3. Mailing Address

501 NE First Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

102

102

City & State

City & State

Miami, FL

Miami, FL

Zip

Country

Zip

Country

33132

USA

33132

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANHAM, MICHAEL F.  
501 NE FIRST AVE  
SUITE 102  
MIAMI FL 33132

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**

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 DT ☒ Delete  
NAME ENGLAND, NANCY  
STREET ADDRESS 15060-A SW 29 LN  
CITY-ST-ZIP MIAMI FL 33185

TITLE DP ☒ Change ☐ Addition  
NAME Alvin Wm. Roberts  
STREET ADDRESS 1201 NW 16 Street  
CITY-ST-ZIP Miami, FL 33125

TITLE DV ☐ Delete  
NAME BRIDIS, TED  
STREET ADDRESS 9785 SW 145TH ST  
CITY-ST-ZIP MIAMI FL

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

TITLE DP ☒ Delete  
NAME CHESTER, TERRI  
STREET ADDRESS 15215 SW 48 TERRACE  
CITY-ST-ZIP MIAMI FL 33185

TITLE DT ☒ Change ☐ Addition  
NAME Darlene Watson  
STREET ADDRESS 7301 Loch Isle Drive, South  
CITY-ST-ZIP Miami Lakes, FL 33014

TITLE D ☐ Delete  
NAME MOSS, MICHAEL  
STREET ADDRESS 8601 NW 193RD TER  
CITY-ST-ZIP MIAMI LAKES FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Miami, FL 33015

TITLE DS ☐ Delete  
NAME BELTON, SANDY  
STREET ADDRESS 1801 N.E. 4 AVENUE  
CITY-ST-ZIP MIAMI FL 33132

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1485 NE 152 Street  
CITY-ST-ZIP North Miami Beach, FL 33162

TITLE D ☐ Delete  
NAME SANTOS, BRUNO  
STREET ADDRESS 21361 NE 8 AVENUE, APT 1  
CITY-ST-ZIP NORTH MIAMI BEACH FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP North Miami Beach, FL 33179

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:

SIGNATURE REQUIRED

Alvin Wm. Roberts

305-379-6650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Phone #

CR2E037 (9/99)

NS0367

920674

CENTER FOR INDEPENDENT LIVING OF SOUTH FLORIDA, INC.  
ADDITIONAL MEMBERS OF BOARD OF DIRECTORS

D

Steven Riley  
915 NW First Avenue, H-1307  
Miami, FL 33136

D

Barbara Gratzke  
2660 SE 7 Place  
Homestead, FL 33033

D

Hal Eshbach  
11240 SW 145 Avenue  
Miami, FL 33186

D

Michael Nealey  
225 Upper Matecumbe Road  
Key Largo, FL 33037

D

Gail Martel  
76080 Overseas Highway #11  
Islamorada, FL 33036