

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90010 021 ****61.25

DOCUMENT # N95000001103

1. Entity Name

FLORIDA'S VOICE OF THE RETARDED, INC.

Principal Place of Business

Mailing Address

% ARLENE LAKIN, ESQ.
 5591 N.E. 28TH AVE.
 FT. LAUDERDALE FL 33308

% ARLENE LAKIN, ESQ.
 5591 N.E. 28TH AVE.
 FT. LAUDERDALE FL 33308-3443

603480



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0564618

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LAKIN, ARLENE ESQ.
 5591 N.E. 28TH AVE.
 FT. LAUDERDALE FL 33308

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 PD ☐ Delete
 NAME LAKIN, ARLENE ESQ.
 STREET ADDRESS 5591 NE 28TH AVE
 CITY-ST-ZIP FT LAUDERDALE FL

TITLE Kay Duncan (D) ☐ Change ☒ Addition
 NAME 8236 25th Ave. N.E.
 STREET ADDRESS St. Petersburg, Fl. 33710
 CITY-ST-ZIP

TITLE D ☐ Delete
 NAME BLUM, BETTY
 STREET ADDRESS 19945 NE 10 PL. WAY
 CITY-ST-ZIP MIAMI FL 33179

TITLE David Engels (D) ☐ Change ☒ Addition
 NAME 4812 Garfield St.
 STREET ADDRESS Hollywood, Fl. 33021
 CITY-ST-ZIP

TITLE D ☐ Delete
 NAME DI NAPOLI, ANNE
 STREET ADDRESS 1484 52ND AVE. N.E.
 CITY-ST-ZIP ST. PETERSBURG FL 33703

TITLE Mrs. Connie Howard (D) ☐ Change ☒ Addition
 NAME PO Box 787 (311 S. University Ave.)
 STREET ADDRESS Archer, Fl. 32618-0787
 CITY-ST-ZIP

TITLE VD ☒ Delete
 NAME SACHS, WYNELL MRS
 STREET ADDRESS 2514 HARTSFIELD RD.
 CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE VD ☐ Change ☒ Addition
 NAME Engels, Mrs. Leni
 STREET ADDRESS 4812 Garfield St.
 CITY-ST-ZIP Hollywood, Fl. 33021

TITLE S ☐ Delete
 NAME GAINES, ADAH
 STREET ADDRESS 21 JACARANDA DR, #122
 CITY-ST-ZIP PLANTATION FL

TITLE D ☐ Change ☒ Addition
 NAME Mr. Fred Keller
 STREET ADDRESS 5140 SW 40th Ave., #26-C
 CITY-ST-ZIP Ft. Lauderdale, Fl. 33314

TITLE TD ☐ Delete
 NAME PHILLIPS, JODY MRS
 STREET ADDRESS 581 N.W. 75TH TERR.
 CITY-ST-ZIP PLANTATION FL 33317

TITLE D ☐ Change ☒ Addition
 NAME Mr. Eugene Klausman
 STREET ADDRESS 356 Las Olas Drive
 CITY-ST-ZIP Melbourne Beach, Fl. 32951

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:

ARLENE LAKIN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)