

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 14, 2001 08:00 AM****Secretary of State****DOCUMENT # N95000001103****1. Entity Name**

FLORIDA'S VOICE OF THE RETARDED, INC.

**Principal Place of Business**% ARLENE LAKIN, ESQ.  
5591 N.E. 28TH AVE.  
FT. LAUDERDALE  
33308

FL

**Mailing Address**% ARLENE LAKIN, ESQ.  
5591 N.E. 28TH AVE.  
FT. LAUDERDALE  
33308

FL

**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number****65-0564618**

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

US

FL

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

**01/14/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PHILLIPS JODY MRS		NAME		
STREET ADDRESS	581 N.W. 75TH TERR.		STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33317		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GAINES ADAH		NAME	GAINES ADAH	
STREET ADDRESS	21 JACARANDA DR, #122		STREET ADDRESS	21 JACARANDA DR, #122	
CITY-ST-ZIP	PLANTATION FL		CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ENGLES LENI		NAME	ENGLES LENI	
STREET ADDRESS	4812 GARFIELD ST.		STREET ADDRESS	4812 GARFIELD ST.	
CITY-ST-ZIP	HOLLYWOOD FL 33021		CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DI NAPOLI ANNE		NAME		
STREET ADDRESS	1484 52ND AVE. N.E.		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33703		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BLUM BETTY		NAME		
STREET ADDRESS	19945 NE 10 PL. WAY		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33179		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAKIN ARLENE ESQ.		NAME	LAKIN ARLENE ESQ.	
STREET ADDRESS	5591 NE 28TH AVE		STREET ADDRESS	5591 NE 28TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL		CITY-ST-ZIP	FT LAUDERDALE FL 33308	

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

PB

01/14/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)

---

**MS. ELYSIA WATKINS (DIRECTOR)**  
**6206 92ND PLACE NORTH (APT. 3605)**

**PINELLAS PARK, FLORIDA 33782**

**MRS. MARY PROVOST (DIRECTOR)**  
**5333 EAGLE LAKE DRIVE**

**PALM BEACH GARDENS, FLORIDA 33418**

**MR. ROGER LAPP (DIRECTOR)**  
**3527 E. LAZY RIVER DRIVE**

**DUNNELLON, FLORIDA 34434**

**MRS. LILA KLAUSMAN (DIRECTOR)**  
**356 LAS OLAS DRIVE**

**MELBOURNE BEACH, FLORIDA 32951**

**MR. EUGENE KLAUSMAN (DIRECTOR)**  
**356 LAS OLAS DRIVE**

**MELBOURNE BEACH, FLORIDA 32951**

**MR. DAVID ENGELS (DIRECTOR)**  
**4812 GARFIELD STREET**

**HOLLYWOOD, FLORIDA 33021**

**MRS. DONNA ELLIS (DIRECTOR)**  
**703 FOX VALLEY DRIVE**

**LONGWOOD, FLORIDA 32779**

**MRS. KAY DUNCAN (DIRECTOR)**  
**8236 25TH AVE. NORTH**

**ST. PETERSBURG, FLORIDA 33710-4434**