

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N95000001103

FILED  
Jan 13, 2002 8:00 AM  
Secretary of State

Entity Name: FLORIDA'S VOICE ON MENTAL RETARDATION, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

FEI Number: 65-0564618

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: TD ( ) Delete  
Name: PHILLIPS, JODY MRS  
Address: 581 N.W. 75TH TERR.  
City-St-Zip: PLANTATION, FL 33317

Title: SD ( ) Delete  
Name: GAINES, ADAH  
Address: 21 JACARANDA DR, #122  
City-St-Zip: PLANTATION, FL 33324

Title: VD ( ) Delete  
Name: ENGELS, LENI  
Address: 4812 GARFIELD ST.  
City-St-Zip: HOLLYWOOD, FL 33021

Title: D ( ) Delete  
Name: DI NAPOLI, ANNE  
Address: 1484 52ND AVE. N.E.  
City-St-Zip: ST. PETERSBURG, FL 33703

Title: D ( ) Delete  
Name: BLUM, BETTY  
Address: 19945 NE 10 PL. WAY  
City-St-Zip: MIAMI, FL 33179

Title: PD ( ) Delete  
Name: LAKIN, ARLENE ESQ.  
Address: 5591 NE 28TH AVE  
City-St-Zip: FT LAUDERDALE, FL 33308 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAY DUNCAN

D

01/13/2002

Electronic Signature of Signing Officer or Director

Date

MS. ELYSIA WATKINS - DIRECTOR  
6206 92ND PL. NORTH, #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

MR. AND MRS. EUGENE KLAUSMAN - DIRECTORS  
356 LAS OLAS DRIVE  
MELBOURNE BEACH, FLORIDA 32951

DAVID ENGELS - DIRECTOR  
4812 GARFIELD STREET  
HOLLYWOOD, FLORIDA 33021

DONNA ELLIS - DIRECTOR  
703 FOX VALLEY DRIVE  
LONGWOOD, FLORIDA 32779

KAY DUNCAN - DIRECTOR  
8236 25TH AVE. NO.  
ST. PETERSBURG, FLORIDA 33710-4434