

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90507 001 ***420.00

DOCUMENT # N96000002053

1. Entity Name

UNITED CEREBRAL PALSY OF NORTHEAST FLORIDA, INC.

Principal Place of Business

Mailing Address

1411 N.W. 14TH AVENUE
 MIAMI FL 33125

1411 N.W. 14TH AVENUE
 MIAMI FL 33125

2. Principal Place of Business

10899 S.W. 4th Street

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 Miami, Florida

City & State

4. FEI Number

65-0727821

Applied For

Not Applicable

Zip
 33174

Country
 USA

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

ANIELLO, JOSEPH
 1411 N.W. 14TH AVENUE
 MIAMI FL 33125

Name
Roy R. Lustig, Esq.

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

2600 Douglas Road, Suite 908

City
 Coral Gables,

FL

Zip Code
 33134

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

Roy R. Lustig, Esq.

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 NAME STREET ADDRESS CITY-ST-ZIP	CD SCHILLINGER, JACK 1225 NE 93 ST MIAMI FL 33138	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PMD ANIELLO, JOSEPH A. 1411 NW 14TH AVE MIAMI FL 33125	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LUSTIG, ROY 2600 DOUGLAS RD., #91 CORAL GABLES FL 33134	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Bonchick, Norman 441 S.W. 12th Avenue Deerfield Beach, FL 33442	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Blanz, Regina 4400 W. Sample Road, Suite 230 Coconut Creek, FL 33073	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD Spivak, Ruth 7290 Kinghurst Drive, Suite 310 Delray Beach, FL 33446	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Steinhart, Craig 2501 N.E. 22nd Terrace Ft. Lauderdale, FL 33305	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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

Joseph A. Aniello, PMD 4-12-02 (205) 547-2189

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)