2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

1411 N.W. 14TH AVENUE

DOCUMENT # N9600002053

1. Entity Name

10899 S.W. 4TH ST.

Principal Place of Business

UNITED CEREBRAL PALSY OF NORTHEAST FLORIDA, INC.



FILED Feb 17, 2003 8:00 am Secretary of State

02-17-2003 90226 024 ****70.00

MIAMI FL 33174 MIAMI FL 33125 2. Principal Place of Business 3. Mailing Address 10899 S.W. 4th Street Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 65-0727821 Applied For Florida Miami, Not Applicable Zip Country \$8.75 Additional Certificate of Status Desired 33174 Miami-Dade Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROY R. LUSTIG, ESQ. Street Address (P.O. Box Number is Not Acceptable) 2600 DOUGLAS RD, STE 908 CORAL GABLES FL 33134 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 CD TITLE ☐ Delete TITLE ☐ Addition ☐ Change BONCHICK, NORMAN NAME NAME 441 S.W. 12TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DEERFIELD BEACH FL 33442** CITY-ST-ZIP **PMD** TITLE ☐ Delete TITLE ☐ Change ☐ Addition ANIELLO, JOSEPH A. NAME NAME 1411 NW 14TH AVE STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP MIAMI FL 33125 CITY-ST-ZIP SD TITLE X Delete TITLE Change ☐ Addition Rangel, Richard BLANZ, REGINA NAME 25 W. Flagler Street 4400 W. SAMPLE RD, STE 230 STREET ADDRESS STREET ADDRESS **COCONUT CREEK FL 33073** CITY-ST-ZIP CITY-ST-ZIP Miami, Florida 33130 TITLE ☐ Delete TITLE ☐ Change ☐ Addition SPIVAK, RUTH NAME NAME 7290 KINGHURST DR STE 310 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELRAY BEACH FL 33446 CITY-ST-ZIP TD TITLE ☐ Delete TITLE Change Addition STEINHART, CRAIG NAME NAME STREET ADDRESS 2501 N.E. 22ND TERRACE STREET ADDRESS CiTY-ST-ZIP FORT LAUDERDALE FL 33305 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

TRE REQUIR To speh A. Aniello, PMD 1-21-03 305

CR2E037 (10/02)