

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001749

1. Entity Name

S.W. FLORIDA DISABILITY RESEARCH, INC.

Principal Place of Business

Mailing Address

19505 QUESADA AVE  
THE OAK IV. BOX 2911  
PORT CHARLOTTE FL 33948

2150 TAMiami TR  
6-165  
PORT CHARLOTTE FL 33948-2136

2. Principal Place of Business

3300 TAMiami TRAIL

3. Mailing Address

3300 TAMiami TRAIL

Suite, Apt. #, etc.

102-A

Suite, Apt. #, etc.

102-A

City & State

PORT CHARLOTTE FL

City & State

PORT CHARLOTTE FL

Zip

33952

Country

USA

Zip

33952

Country

USA

4. FEI Number

65-0736830

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LIEPHART, ROGER A  
19505 QUESADA AVE  
THE OAKS IV, BOX 2911  
PORT CHARLOTTE FL 33948

7. Name and Address of New Registered Agent

Name DOCTOR MARK ASPERILLA

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

3300 TAMiami TRAIL

102-A

City

PORT CHARLOTTE

FL

Zip Code

33952

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

Dr. MARK ASPERILLA

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

(NOTE: Registered Agent signature required when reinstating)

11/28/00

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

TITLE ~~SECRETARY~~ ~~TREASURER~~ ☐ Delete

NAME LICHTER, J.P.  
STREET ADDRESS 12039 KINGSWAY CIR  
CITY-ST-ZIP PORT CHARLOTTE FL 34266

TITLE ~~DVP~~ ☒ Delete

NAME NESBITT, CRAIG W  
STREET ADDRESS 23335 ABRADIE AVE  
CITY-ST-ZIP PORT CHARLOTTE FL 33980

TITLE ~~DVP2~~ ☐ Delete

NAME LUBRANA, MICHAEL  
STREET ADDRESS 9241 NEW MARTINSVILLE AVE  
CITY-ST-ZIP ENGLEWOOD FL 34224

TITLE ~~ST DIRECTOR~~ ☐ Delete

NAME ASPERILLA, MARK M.D.  
STREET ADDRESS 278 FIELDS TERR  
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE ~~PRESIDENT~~ ☐ Delete

NAME PAUL KING  
STREET ADDRESS 24038 HARBORVIEW RD  
CITY-ST-ZIP CHARLOTTE HARBOR 33980

TITLE ~~VICE PRESIDENT~~ ☐ Delete

NAME GERALD TREMBLAY  
STREET ADDRESS 1373 JACANA CT  
CITY-ST-ZIP PUNTA GORDA 33970

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ~~D~~ ☐ Change ☒ Addition

NAME DANIEL B. JOHNSON  
STREET ADDRESS 25413 PRADA DR.  
CITY-ST-ZIP PUNTA GORDA, FL 33955

TITLE ~~D~~ ☐ Change ☒ Addition

NAME SCOTT GRANAM  
STREET ADDRESS 443 LAKEWOOD LANE  
CITY-ST-ZIP PORT CHARLOTTE, FL 33953

TITLE ~~DP~~ ☐ Change ☒ Addition

NAME PAUL KING  
STREET ADDRESS 24038 HARBORVIEW RD  
CITY-ST-ZIP CHARLOTTE HARBOR, FL 33980

TITLE ~~DVP~~ ☐ Change ☒ Addition

NAME GERALD TREMBLAY  
STREET ADDRESS 1373 JACANA CT.  
CITY-ST-ZIP PUNTA GORDA, FL 33970

TITLE ☐ Change ☐ Addition

NAME 800003500518-2  
STREET ADDRESS -12/13/00-01108-016  
CITY-ST-ZIP \*\*\*\*\*70.00 \*\*\*\*\*80.00

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SECRETARY

11-28-200 941-764-6639

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

0063081

CR2E037 (9/99)



## ***S W Florida Disability Inc.***

*A non profit, tax exempt, foundation*

November 28, 2000

**Paul King**  
**President**  
**Gerald Tremblay**  
**Vice President**  
**J. P. (Jack) Lichter**  
**Secretariat/Treasurer**  
**Doctor Mark Asperilla**  
**Consulting Physician**  
**Michael Lubrano**  
**Director**  
**Scott Graham**  
**Director**  
**Daniel Johnson**  
**Director**

*Division of Corporations*  
*Uniform Business Report Filings*  
*P. O. Box 1500*  
*Tallahassee, Florida 32302-1500*

*Dear People.*

*Enclosed is our Uniform Business Report For 2000. We note this being filed after the designated filing date of May 1, 2000. For this we*

*apologize. Our previous Director and Founder, Roger Liephart, died in February 2000. Roger, a quadriplegia, handled all these matters, and we are just now picking on these important filings. We apologize for any inconvenience. Should there be additional charges, please advise us and we submit promptly.*

*We note we not completely follow your instructions in Block 10. We apologize.*

*Our Board of Directors wishes to change the corporate name from "S. W. Florida Disability Research Inc." to "S. W. Florida Disability Inc." Please consider this a name change amendment. If this requires a separate form, please forward a copy.*

*We sincerely thank you for your patience and assistance. Be free to call me with any question.*

*Yours truly*

**J. P. Lichter**  
**Secretary / Treasurer**  
**Home Tel 941-764-6639**