2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State
02-15-2001 90074 025 ****61.25

DOCUMENT # N97000001749 ✓

1. Entity Name
S.W. FLORIDA DISABILITY Inc. Research

Principal Place of Business	Mailing Address
3300 TAMIAMI TR 102-A	3300 TAMIAMI TRAIL 102-A
PORT CHARLOTTE, FL 33952	PORT CHARLOTTE, FL 33952

27554

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3300 TAMIAMI TRAIL 102-A	3300 TAMIAMI TR 102-A
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 ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DR. MARK ASPERILLA 3300 TAMIAMI TRAIL 102-A PORT CHARLOTTE, FL 33952	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PRESIDENT PAUL KING 24038 HARBORVIEW DR CHARLOTTE HARBOR, FL 33980 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR DANIEL B. JOHNSON 25413 PRADA DRIVE PUNTA GORDA, FL 33955 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR MICHAEL LUBRAND 0241 NEW MARTINSVILLE AVE ENGLEWOOD, FL 34224 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY - TREASURER ☐ Delete J. P. LICHTER 12039 KINGSWAY DR LAKE SUZY, FL 34266	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR ☐ Delete DR. MARK ASPERILLA 276 FIELD TERRACE PORT CHARLOTTE, FL 33952	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR OVP ☐ Delete SCOTT GRAHAM 443 LAKE WOOD LANE PORT CHARLOTTE, FL 33953	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR ☐ Delete GERARD TREMBLAY 1373 JACANA CT PUNTA GORDA, FL 33950	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/00)

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: J P Lichter J. P. LICHTER Sec/Treasurer FEB 6, 2001 941-764-6639
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #