

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

0047448

**DOCUMENT # N97000001749**

1. Entity Name

**S.W. FLORIDA DISABILITY RESEARCH, INC.**

04-09-2002 90016 018 \*\*\*\*70.00

Principal Place of Business

Mailing Address

**TAMAMI TRAIL**

**3300 TAMAMI TRAIL**

**PORT CHARLOTTE FL 33952**

**102-A  
PORT CHARLOTTE FL 33952**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

**ASPERILLA, MARK DR**

**3300 TAMAMI 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

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	<b>DST</b>	<input type="checkbox"/> Delete
NAME	<b>LICHTER, J P</b>	
STREET ADDRESS	<b>12039 KINGSWAY CIR</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL 34266</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>JOHNSON, DANIEL B</b>	
STREET ADDRESS	<b>25413 PRADA DR</b>	
CITY-ST-ZIP	<b>PUNTA GORDA FL 33955</b>	
TITLE	<b>DVP2</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LUBRANA, MICHAEL</b>	
STREET ADDRESS	<b>9241 NEW MARTINSVILLE AVE</b>	
CITY-ST-ZIP	<b>ENGLEWOOD FL 34224</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ASPERILLA, MARK MD</b>	
STREET ADDRESS	<b>278 FIELDS TERR</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33952</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GRANAM, SCOTT</b>	
STREET ADDRESS	<b>443 LAKEWOOD LANE</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33953</b>	
TITLE	<b>DP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KING, PAUL</b>	
STREET ADDRESS	<b>24038 HARBORVIEW RD</b>	
CITY-ST-ZIP	<b>CHARLOTTE HARBOR FL 33980</b>	

TITLE	<del>STEVEN LARSEN</del> <b>PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>STEVEN LARSEN</b>	
STREET ADDRESS	<b>13462 LONG AVE</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE, FL 33953</b>	
TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KIMBERLY LARSEN</b>	
STREET ADDRESS	<b>13462 LONG AVENUE</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE, FL 33953</b>	
TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MARY PAT MOLITOR</b>	
STREET ADDRESS	<b>7644 DENMARK ST</b>	
CITY-ST-ZIP	<b>ENGLEWOOD, FL 34224</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**J. P. LICHTER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**APRIL 2, 2002 941-764-6639**  
Date Daytime Phone #

CR2E037 (9/01)