

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # N99000006811****1. Entity Name****PARENTS PLANNING PROGRAMS FOR THE DEVELOPMENTALLY DISABLED OF FLORIDA, INC.****Principal Place of Business**

356 LAS OLAS DRIVE

MELBOURNE BEACH
32951

FL

Mailing Address

356 LAS OLAS DRIVE

MELBOURNE BEACH
32951

FL

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**59-3573781**

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentKLAUSMAN LILA A
356 LAS OLAS DRIVEMELBOURNE BEACH
32951

FL

US

7. Name and Address of New Registered Agent

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 _____ **04/30/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

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	T/D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KLAUSMAN EUGENE FT/D		NAME		
STREET ADDRESS	356 LAS OLAS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE BEACH FL 32951		CITY-ST-ZIP		
TITLE	VP/D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BIANCO-YANETTA PRISCILLA VP/D		NAME		
STREET ADDRESS	2896 MADERIA CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32935		CITY-ST-ZIP		
TITLE	P/D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KLAUSMAN LILA AP		NAME		
STREET ADDRESS	356 LAS OLAS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE BEACH FL 32951		CITY-ST-ZIP		
TITLE	S/D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	AMALFITANO EUGENIE AS/D		NAME		
STREET ADDRESS	705 RIVERSIDE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE BEACH FL 32951		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RAUBER DONNA D		NAME		
STREET ADDRESS	154 CAROLWOOD BOULEVARD		STREET ADDRESS		
CITY-ST-ZIP	FERN PARK FL 32730		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CANNON SUE D		NAME		
STREET ADDRESS	991 GRAPEFRUIT ROAD S.E.		STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL 32999		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)(f), 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: LILA A KLAUSMAN**

P/D

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)

MIRIAM BRIX DIRECTOR
3510 CORDGRASS COURT

MELBOURNE FL 32934

BENT BRIX DIRECTOR
3510 CORDGRASS COURT

MELBOURNE FL 32934

ANGELO YANETTA DIRECTOR
2896 MADEIRA CIRCLE

MELBOURNE FL 32935

ANDREW G KLAUSMAN DIRECTOR
512 HIBISCUS TRAIL

MELBOURNE BEACH FL 32951