

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006811

1. Entity Name

PARENTS PLANNING PROGRAMS FOR THE DEVELOPMENTALLY DISABLED OF FLORIDA, INC.

Principal Place of Business

Mailing Address

356 LAS OLAS DRIVE
MELBOURNE BEACH FL 32951

356 LAS OLAS DRIVE
MELBOURNE BEACH FL 32951

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KLAUSMAN, LILA A
356 LAS OLAS DRIVE
MELBOURNE BEACH FL 32951

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 LILA A. KLAUSMAN

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/02

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 D
NAME CANNON, SUE D ☐ Delete
STREET ADDRESS 991 GRAPEFRUIT ROAD S.E.
CITY-ST-ZIP PALM BAY FL 32999

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME RAUBER, DONNA D ☒ Delete
STREET ADDRESS 154 CAROLWOOD BOULEVARD
CITY-ST-ZIP FERN PARK FL 32730

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE S/D
NAME AMALFITANO, EUGENIE A S/D ☐ Delete
STREET ADDRESS 705 RIVERSIDE DRIVE
CITY-ST-ZIP MELBOURNE BEACH FL 32951

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE P/D
NAME KLAUSMAN, LILA A P ☐ Delete
STREET ADDRESS 356 LAS OLAS DRIVE
CITY-ST-ZIP MELBOURNE BEACH FL 32951

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE VP/D
NAME BIANCO-YANETTA, PRISCILLA VP/D ☐ Delete
STREET ADDRESS 2896 MADERIA CIRCLE
CITY-ST-ZIP MELBOURNE FL 32935

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE T/D
NAME KLAUSMAN, EUGENE F T/D ☐ Delete
STREET ADDRESS 356 LAS OLAS DRIVE
CITY-ST-ZIP MELBOURNE BEACH FL 32951

TITLE
NAME ☐ Change ☐ Addition
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:

Eugene F. Klausman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02 (311) 724-8899

Date

Daytime Phone #

CR2E037 (9/01)

UBR 4384

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90152 021 ****61.25

787691



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