

5/11

FILED

Jul 02, 2001 8:00 am
Secretary of State

05-18-2001 91622 001 ***300.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000082022

1. Entity Name

INTERNATIONAL ORGANIZATION FOR PERSONS WITH DISA

Principal Place of Business

5180 W ATLANTIC AVE STE 120
DELRAY BEACH FL 33484

Mailing Address

5180 W ATLANTIC AVE STE 120
DELRAY BEACH FL 33484

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For☐ Not Applicable

Zip

Country

Zip

Country

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

CLAIRE, ROBERT I
7280 W PALMETTO PARK ROAD STE 106
BOCA RATON FL 33433

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

Robert Claire, Esq.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	D	NEWMAN, STANLEY	7787 VILLA NOVA DRIVE BOCA RATON FL 33433				
	PD	GUNNELL, CASEY	2240 NW 23 WAY BOCA RATON FL 33433				
	VD	MACHEK, ED	6507 SENEGAL PALM WAY APOLLO BEACH FL 33470				
	STD	NEWMAN, NINA S	7787 VILLA NOVA DR BOCA RATON FL 33433				

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)