2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000031295 1. Entity Name PARKINSON OUTREACH PROGRAM - TEXAS, INC.

Principal Place of Business

Mailing Address

2929 E COMMERCIAL RIVID #306

FILED Apr 27, 2000 8:00 am Secretary of State 04-27-2000 90086 008 ***150.00

EXARKANA TX JS			FT LAUDERDALE FL				 Dinaman kir dina dina rahi dina di		U Hana hana ka	IAT 8111 1881	
2. Principal P 2929	lace of Busine E. Comme	ercial Blvd.	3. Mailing Address Suite, Apt. #, etc. City & State								
Suite, Apt. Suite							DO NOT WRITE IN THIS SPACE				
City & State						4. FEI Number 65-0659994			<u> </u>	plied For	-
Ft. Lauderdale, Florida Zip Country 33308 Broward			<u> </u>		Country			□ \$ €	8.75 Add	t Applicable	l
							5. Certificate of Status Desired Fee 7. Name and Address of New Registered Agen			Required	
	6. Name a	and Address of Current	Registered Agent		Name	7. N	lame and Address of New He	gistered Ag	ent		ł
READ	uels, leon	ADD K									
	NE THIRD A		Street Address			ress (P.O. Bo	ss (P.O. Box Number is Not Acceptable)				
SUIT	E 400			,							
FOR	t Lauderda	ALE FL 33301			City			FL	Zip Code	е	1
8. The above	named entity	submits this statement fo	r the purpose of chang	ging its register	ed office or re	gistered age	ent, or both, in the State of Flor	ida.			
SIGNATURE .	Signature, typed or	printed name of registered agent a	and title if applicable.	(NOTE, Registere	ed Agent signature r	equired when re	instating)	DATE			
Tax filing re	-	ole to satisfy its Intangible and elects to do so.	FILE NOW!!! FEE I After MAY 1, 2000 Fee v Make Check Payable to De		will be \$550		Election Campaign Fina Trust Fund Contribution.			0 May Be I to Fees	
11.	. OFFICERS AND DIRECTORS					AD	DITIONS/CHANGES TO OFFIC	CERS AND C	IRECTOR		. ا
TITLE	DP Delete			e TITL NAM	I .				Change	Addition	3
NAME STREET ADDRESS	GUTHRIE, WILLIAM SS 2929 E COMMERCIAL BLVD #306				EET ADDRESS						3
CITY-ST-ZIP	FT LAUDERDALE FL 33308				r-ST-ZIP						Ì
TITLE	VS		☐ Delet	e TITL	E				☐ Change	☐ Addition	7
NAME	GREEN, MATTHEW H				IE						ł
STREET ADDRESS CITY-ST-ZIP	2525 2 00mm210m 2 52151, # 000				EET ADDRESS '-ST-ZIP						
TITLE	T	NDALL IL 33000	☐ Delet	e TITL	E				Change	☐ Addition	1
NAME		, Lourdes	e sum er er er e	NAM	tE .		ه میسد	<u> </u>	~		ļ
STREET ADDRESS		MMERCIAL BLVD., #3	306		EET ADDRESS '-ST-ZIP						
CITY-ST-ZIP	FT LAUDE	RDALE FL 33308	☐ Delet					г	Change	☐ Addition	1
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CITY-ST-ZIP				CITY	'-ST-ZIP						-
TITLE			☐ Delet		I .			[Change	☐ Addition	
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CITY-ST-ZIP					-ST-ZIP						-
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NAME				NAM	NE						}
STREET ADDRESS					EET ADDRESS						
CITY-ST-ZIP					/-ST-ZIP		440 07(0)(0) FI= 1 (0)(1)	f		oformation.	-
13. Thereby of	certify that the	information supplied with	this filing does not qu	ality for the exe	emption stated	in Section :	119.07(3)(i), Florida Statutes. I	runner certif	y mai me n	nomation	1

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:

GREWilliam Guthrie - 4/18/00 - (954) SIGZ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

938-3770