

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000077302

1. Entity Name

THE FOUNDATION FOR INVESTIGATION, EDUCATION & SUPPORT IN THERAPEUTIC ACTIVITIES, INC.

Principal Place of Business

2271 STONE CROSS CIRCLE  
ORLANDO FL 32828  
US

Mailing Address

2271 STONE CROSS CIRCLE  
ORLANDO FL 32828  
US

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

59-3531451

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KANE, STEVEN H  
1061 MAITLAND CENTER COMMONS  
MAITLAND FL 32751

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

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, 2002 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ALDERSON, GREG	
STREET ADDRESS	5816 AUVERS BOULEVARD #201	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CARRASCO, RENATO	
STREET ADDRESS	5816 AUVERS BOULEVARD #201	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CALARA, ROSA	
STREET ADDRESS	5816 AUVERS BOULEVARD #201	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	FAUSTMANN, DIANA V	
STREET ADDRESS	5816 AUVERS BOULEVARD #201	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CARRASCO, CARLOS M	
STREET ADDRESS	5816 AUVERS BOULEVARD #201	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE		<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALDERSON, GREG	
STREET ADDRESS	2271 STONE CROSS CIRCLE	
CITY-ST-ZIP	ORLANDO, FL 32828	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARRASCO, RENATO	
STREET ADDRESS	2271 STONE CROSS CIRCLE	
CITY-ST-ZIP	ORLANDO, FL 32828	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALARA, ROSA	
STREET ADDRESS	2271 STONE CROSS CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAUSTMANN, DIANA V	
STREET ADDRESS	2271 STONE CROSS CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARRASCO, CARLOS M	
STREET ADDRESS	2271 STONE CROSS CIRCLE	
CITY-ST-ZIP	ORLANDO, FL 32828	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jan 10, 2002 8:00 am  
Secretary of State

01-10-2002 90019 050 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)