

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90045 033 ****61.25

DOCUMENT # 730792

1. Entity Name

EMERGENCY PREGNANCY SERVICE, INC.

Principal Place of Business

Mailing Address

~~462 9TH ST N~~ 970 Fifth Ave N
 NAPLES FL 34102
 US

~~462 9TH ST N~~ 970 Fifth Avenue No
 NAPLES FL ~~34102-5805~~ Naples, FL 34102
 US

2. Principal Place of Business

970 Fifth Avenue North

3. Mailing Address

970 Fifth Avenue North

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 Naples, FL

City & State
 Naples, FL

4. FEI Number

51-0204833

Applied For

Not Applicable

Zip
 34102

Country
 USA

Zip
 34102

Country
 USA

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

HOOPER, BARBARA
 1705 OAKES BLVD
 NAPLES FL 34119

Name

Renee S. Beckner

Street Address (P.O. Box Number is Not Acceptable)
 3040 Orange Grove Trail

City

Naples

FL

Zip Code
 34120

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

Renee S. Beckner, Executive Director

March 3, 2000

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

(NOTE: Registered Agent signature required when reinstating)

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 DT Delete
 NAME BUCALO, PATRICIA
 STREET ADDRESS 985 TARPON COVE DR #202
 CITY-ST-ZIP NAPLES FL 34110

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DP Delete
 NAME BARONE, LUCIA
 STREET ADDRESS 3011 70TH AVE S
 CITY-ST-ZIP NAPLES FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Naples, FL 34112

TITLE DV Delete
 NAME CONN, DAVID
 STREET ADDRESS 127 MURFIELD CIRCLE
 CITY-ST-ZIP NAPLES FL 34113

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DS Delete
 NAME MURPHY, MAUREEN
 STREET ADDRESS 3940 GORDON DR
 CITY-ST-ZIP NAPLES FL 34102

TITLE Change Addition
 NAME
 STREET ADDRESS 3980 Gordon Drive
 CITY-ST-ZIP

TITLE D Delete
 NAME HARRIS, TOM
 STREET ADDRESS 5200 28TH PL SW
 CITY-ST-ZIP NAPLES FL 34116

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME SELLS, DONN
 STREET ADDRESS 6780 SABAL RIDGE DR
 CITY-ST-ZIP NAPLES FL 34109

TITLE Change Addition
 NAME
 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:

Renee S. Beckner, Executive Director Mar. 3, 2000 941-262-6381

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)