# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 21, 2002 8:00 am**
**Secretary of State**
05-21-2002 91183 028 ****61.25

DOCUMENT # N01000000027

1. Entity Name

FIG TREE YOUTH AND FAMILY CENTERS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 540-48TH STREET SOUTH<br>ST PETERSBURG FL 33711 | 540-48TH STREET SOUTH<br>ST PETERSBURG FL 33711 |

DO NOT WRITE IN THIS SPACE

| 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 APPLIED FOR ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

JOHNSON, KEVIN
2861-4TH AVE SOUTH
ST PETERSBURG FL 33712

**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 Kevin L. Johnson 4/27/02
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>LEE, WARREEN C<br>540 45TH ST. SOUTH<br>SAINT PETERSBURG FL 33711 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>Likita Simmons<br>2861 4th Ave South<br>St. Petersburg FL 33712 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>JOHNSON, KEVIN<br>2861 4TH AVE. SOUTH<br>SAINT PETERSBURG FL 33712 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>ISMAIL LEE<br>540 - 44TH ST. SO.<br>ST. PETERSBURG, FL. 33711 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>JOHNSON, CYNTHIA<br>2861 4TH AVE. SOUTH<br>SAINT PETERSBURG FL 33712 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>KHADIJA LEE<br>2619 - 24TH AVE. SO<br>ST. PETERSBURG, FL. 33713 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>GILBERT, ESSIE<br>540 48TH ST. SOUTH<br>SAINT PETERSBURG FL 33711 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>CHILDS, MARILYN<br>2619 24TH AVE. NORTH<br>SAINT PETERSBURG FL 33713 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>LEE, ANGELA<br>1750 40TH ST. SOUTH<br>SAINT PETERSBURG FL 33711 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | |

CR2E037 (9/01)

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:** SIGNATURE REQUIRED 4/27/02 (727) 327-0963
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #