# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 29, 2002 8:00 am**
**Secretary of State**
04-01-2002 90668 046 ****61.25

DOCUMENT # N20734

1. Entity Name

DRUG PREVENTION RESOURCE CENTER, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 621 SOUTH FLORIDA AVE.<br>LAKELAND FL 33801<br>US | 621 SOUTH FLORIDA AVE.<br>LAKELAND FL 33801<br>US |

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 59-2844663 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BROCK, KIMBERLY G
1415 COMMERCIAL PARK DR
LAKELAND FL 33801

7. Name and Address of New Registered Agent

Name: Angela P. Ellison
Street Address (P.O. Box Number is Not Acceptable): 621 South Florida Avenue
City: Lakeland FL Zip Code: 33801

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: Angela P. Ellison 5/22/02
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 | FVP<br>SARANO, PATTI<br>P O BOX 90187<br>LAKELAND FL 33804 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 1st VICE PRESIDENT<br>ZUCCO, RONDA<br>1100 OAKBRIDGE PARKWAY #296<br>LAKELAND FL 33803 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PPD<br>GOODEMOTE, ED<br>P O BOX 95448<br>LAKELAND FL 33804 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SECRETARY<br>BROCK, KIMBERLY GRADY<br>P O BOX 1048<br>LAKELAND FL 33802-1048 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SVPD<br>CHANDLER, BROOKS<br>3200 STONE WATER COURT<br>LAKELAND FL 33803 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SVPD<br>CHANDLER, BROOKS<br>203 HIGRITEN WAY<br>LAKELAND FL 33803 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>TUCKER, MARGIE<br>P O BOX 95448<br>LAKELAND FL 33804 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | (D) PRESIDENT<br>TUCKER, DR MARGIE<br>P O BOX 95448<br>LAKELAND FL 33804 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>LIPSCOMB, BARBARA<br>228 S. MASSACHUSETTS AVE<br>LAKELAND FL 33801 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | (D) TREASURER<br>SAMPLE, TERESSA<br>2325 BOB PHILLIPS ROAD<br>BARTOW FL 33830 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>O'BRIEN, MARTI<br>1546 LAGOON RD<br>LAKELAND FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | (D) IMMEDIATE PAST PRES<br>O'BRIEN, MARTI<br>1546 LAGOON ROAD<br>LAKELAND FL 33803 | ☒ Change ☐ Addition |

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 3/21/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #