

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 05, 2002 8:00 am  
Secretary of State

04-05-2002 90001 011 \*\*\*\*70.00

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DOCUMENT # N98000001101

1. Entity Name

SAFEGUARD OF CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

16225 ARROWHEAD TRAIL  
CLERMONT FL 34711

16225 ARROWHEAD TRAIL  
CLERMONT FL 34711

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

59-3571094

Applied For

Not Applicable

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

JENSEN, LISA  
16225 ARROWHEAD TRAIL  
CLERMONT FL 34711

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

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 D  
NAME JENSEN, LISA  
STREET ADDRESS 16225 ARROWHEAD TRAIL  
CITY-ST-ZIP CLERMONT FL 34711 ☐ Delete

TITLE President/D  
NAME Brenda Dallas  
STREET ADDRESS 12050 Windermere Crossing Circle  
CITY-ST-ZIP Winter Garden, FL 34787 ☐ Change ☒ Addition

TITLE D  
NAME WARD, STEPHANIE  
STREET ADDRESS 509 GREENSPRING CIRCLE  
CITY-ST-ZIP WINTER SPRINGS FL 32708 ☐ Delete

TITLE Treasurer/D  
NAME Linda Tranel  
STREET ADDRESS 12255 Holly Lane Ct.  
CITY-ST-ZIP Orlando, FL 32834 ☐ Change ☒ Addition

TITLE SD  
NAME HENDERSON, LILLIAN  
STREET ADDRESS 31055 KAVAL CT  
CITY-ST-ZIP ORLANDO FL 32837 ☐ Delete

TITLE D  
NAME Leslie Brewington  
STREET ADDRESS 2722 Grandola Drive  
CITY-ST-ZIP Orlando, FL 32811 ☐ Change ☒ Addition

TITLE D  
NAME DEWS, PEOLA BUTLER PH.D.  
STREET ADDRESS 8113 VINELAND OAKS BLVD.  
CITY-ST-ZIP ORLANDO FL 32835 ☐ Delete

TITLE D  
NAME Gene Hess  
STREET ADDRESS 2981 Old Castle Drive  
CITY-ST-ZIP Winter Park, FL 32792 ☐ Change ☒ Addition

TITLE D  
NAME EDDY, BARBARA  
STREET ADDRESS 151 TEAKWOOD CT  
CITY-ST-ZIP KISSIMMEE FL 34743 ☒ Delete

TITLE D  
NAME Ellen Korbin  
STREET ADDRESS 1625 Roberts Landing Rd.  
CITY-ST-ZIP Windermere, FL 34786 ☐ Change ☒ Addition

TITLE D  
NAME CHARAK, LIZ  
STREET ADDRESS 7021 SO DELTA DR  
CITY-ST-ZIP ORLANDO FL 32819 ☒ Delete

TITLE D  
NAME E. Lease Phillips  
STREET ADDRESS 147 Coralwood Circle  
CITY-ST-ZIP Kissimmee, FL 34743 ☐ Change ☒ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

Attachment # Dat N98000001101/616777

D

Jackie Ward

14308 Boggy Creek Rd.

Orlando, FL 32824