

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 728559

FILED
Feb 17, 2002 8:00 AM
Secretary of State

Entity Name: COMMUNITY SERVICE CENTER OF SOUTH ORANGE COUNTY, INC.

Current Principal Place of Business:

621 WILKES AVENUE
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

621 WILKES AVENUE
ORLANDO, FL 32809

New Mailing Address:

FEI Number: 59-1499489

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEWITT, FRANCES
1634 WIND HARBOR ROAD
ORLANDO, FL 32809 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: THOMAS, ROBERTA
Address: 6629 CRENSHAW DR
City-St-Zip: ORLANDO, FL 32833

Title: VP () Delete
Name: BRACEY, LAVON
Address: 2210 SO RIO GRANDE AVE
City-St-Zip: ORLANDO, FL 32805

Title: SD () Delete
Name: HEWITT, FRANCES
Address: 1634 WIND HARBOR RD.
City-St-Zip: ORLANDO, FL 32809

Title: D () Delete
Name: PATES, LEE
Address: 621 WILKS AVE
City-St-Zip: ORLANDO, FL 32809

Title: TD () Delete
Name: HOLDERBACH, RENEE
Address: 3831 GATLIN WOOD
City-St-Zip: ORLANDO, FL 32812

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: BOWLING, EVELYN
Address: 1456 JULIA LANE
City-St-Zip: ORLANDO, FL 32807

Title: P (X) Change () Addition
Name: BRACEY, LAVON
Address: 2210 SO RIO GRANDE AVE
City-St-Zip: ORLANDO, FL 32805

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ED (X) Change () Addition
Name: PATES, LEE
Address: 621 WILKS AVE
City-St-Zip: ORLANDO, FL 32809

Title: TD (X) Change () Addition
Name: TAFT, SARA
Address: 1932 SOUTH BLVD.
City-St-Zip: MAITLAND, FL 32751

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEE PATES

ED

02/17/2002

Electronic Signature of Signing Officer or Director

Date