

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 732423

1. Entity Name

SEMINOLE COMMUNITY VOLUNTEER PROGRAM, INC.

Principal Place of Business

100 WELDON BLVD., BLDG. 64  
SANFORD FL 32773  
US

Mailing Address

P O BOX 951636  
LAKE MARY FL 32795-1636  
US

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

59-1605609

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

GREENE, DYCAS & CO., P.A.  
205 NORTH ELM AVE.  
SANFORD FL 32771

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 PD  
NAME ARES, SANDY ☒ Delete  
STREET ADDRESS 340 ISABELLA DR.  
CITY-ST-ZIP LONGWOOD FL 32750

TITLE P/D  
NAME Willie H. King Sr. ☒ Change ☐ Addition  
STREET ADDRESS 141 Bethune Circle  
CITY-ST-ZIP Sanford, FL 32771

TITLE PD  
NAME KING, WILLIE ☒ Delete  
STREET ADDRESS 141 BETHUNE CIRCLE  
CITY-ST-ZIP SANFORD FL 32771

TITLE V/D  
NAME Patricia Russell ☒ Change ☐ Addition  
STREET ADDRESS 231 Lake Griffin Circle  
CITY-ST-ZIP Casselberry, FL 32707

TITLE M  
NAME SHIELDS, M.PATRICIA ☐ Delete  
STREET ADDRESS 679 LAMOKA COURT  
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD  
NAME EVANS, ANNIE ☐ Delete  
STREET ADDRESS 1000 ROBERTA AVENUE  
CITY-ST-ZIP ORLANDO FL 32825

TITLE S/D  
NAME Annie Evans ☒ Change ☐ Addition  
STREET ADDRESS 1000 Roberta Avenue  
CITY-ST-ZIP Orlando, FL 32825

TITLE SD  
NAME LORMANN, JUNE ☒ Delete  
STREET ADDRESS 402 WILDMERE AVENUE  
CITY-ST-ZIP LONGWOOD FL 32750

TITLE T/D  
NAME Ted Miller ☒ Change ☐ Addition  
STREET ADDRESS 115 Berwyn Road  
CITY-ST-ZIP Orlando, FL 32806

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
May 01, 2002 8:00 am  
Secretary of State

05-01-2002 91591 041 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

4/12/02 407  
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Date Daytime Phone #