

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000006275

1. Entity Name

FAMILY PRESERVATION SERVICES OF S.C. INC.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90077 005 \*\*\*\*61.25

Principal Place of Business

Mailing Address

928 WOODRUN STREET  
 COLUMBIA SC 29205

928 WOODRUN STREET  
 COLUMBIA SC 29205

2. Principal Place of Business

3. Mailing Address

928 WOODROW ST

928 WOODROW STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Columbia SC

Columbia SC

Zip

Country

Zip

Country

29205

Richland

29205

Richland

4. FEI Number

58-2323717

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

LOPEZ, ROSE M  
 500 SOUTH US #1 STE 106  
 FT. PIERCE FL 34950

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]*

ROSE M. LOPEZ / EXECUTIVE DIRECTOR

2-10-00

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 C ☐ Delete  
 NAME BARTHEL, MARIANNE L  
 STREET ADDRESS 4208 VERNER STREET  
 CITY-ST-ZIP COLUMBIA SC 29204

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

TITLE D ☐ Delete  
 NAME HOLLINGSWORTH, WILLIAM  
 STREET ADDRESS 418 HAMPTON TRACE  
 CITY-ST-ZIP COLUMBIA SC 29209

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

TITLE D ☐ Delete  
 NAME DOWIS, KATRINA  
 STREET ADDRESS 4108 LANTANA DRIVE  
 CITY-ST-ZIP COLUMBIA SC 29205

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

TITLE P ☐ Delete  
 NAME LOPEZ, ROSE M  
 STREET ADDRESS 4701 FERNWOOD ROAD  
 CITY-ST-ZIP COLUMBIA SC 29206

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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]* ROSE M. LOPEZ / EXECUTIVE DIRECTOR 2-10-00 5545  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)