

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90036 010 ****61.25

DOCUMENT # F99000006275

1. Entity Name

FAMILY PRESERVATION SERVICES OF S.C. INC.

Principal Place of Business

**928 WOODROW STREET
 COLUMBIA SC 29205**

Mailing Address

**928 WOODROW STREET
 COLUMBIA SC 29205**

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

58-2323717

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Rose M Lopez

Street Address (P.O. Box Number is Not Acceptable)

9200 BONITA BEACH Rd

Suite 212

City

Bonita Springs

FL

Zip Code

34135

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

Rose M Lopez, Director

1-3-01

(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

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

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

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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 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:

Rose M Lopez

1-3-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)