

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

4. FEI Number

58-2323717

Applied For

Not Applicable

Zip

Country

Zip

Country

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**
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

1-3-01
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	<input type="checkbox"/> Delete
NAME	BARTHEL, MARIANNE L	
STREET ADDRESS	4208 VERNER STREET	
CITY-ST-ZIP	COLUMBIA SC 29204	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLLINGSWORTH, WILLIAM	
STREET ADDRESS	418 HAMPTON TRACE	
CITY-ST-ZIP	COLUMBIA SC 29209	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOWIS, KATRINA	
STREET ADDRESS	4108 LANTANA DRIVE	
CITY-ST-ZIP	COLUMBIA SC 29205	
TITLE	P	<input type="checkbox"/> Delete
NAME	LOPEZ, ROSE M	
STREET ADDRESS	4701 FERNWOOD ROAD	
CITY-ST-ZIP	COLUMBIA SC 29206	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:  **Rose M. Lopez** **1-3-01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)