

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

6081812

DOCUMENT # F99000006275

1. Entity Name

FAMILY PRESERVATION SERVICES OF S.C. INC.

03-07-2002 90055 030 ****61.25

Principal Place of Business

Mailing Address

~~628 WOODROW STREET~~ **2303 Devine ST**
 COLUMBIA SC 29205

~~628 WOODROW STREET~~ **2303 Devine St**
 COLUMBIA SC 29205

507020



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2303 Devine St

2303 Devine St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Columbia SC

City & State
Columbia SC

4. FEI Number
58-2323717

Applied For
 Not Applicable

Zip
29205

Country

e

Zip
29205

Country

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
~~9890 BONITA BEACH ROAD~~ **311 2ND STREET**
~~STE 212~~
~~BONITA SPRING FL 34135~~ **FT PIERCE FL 34982**

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 _____ (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	<input checked="" type="checkbox"/> Delete
NAME	BARTHEL, MARIANNE L	
STREET ADDRESS	4208 VERNER STREET	
CITY-ST-ZIP	COLUMBIA SC 29204	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOLLINGSWORTH, WILLIAM	
STREET ADDRESS	418 HAMPTON TRACE	
CITY-ST-ZIP	COLUMBIA SC 29209	
TITLE	D	<input checked="" 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		

TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRAIG A NORRIS	
STREET ADDRESS	3302 BOURBON ST	
CITY-ST-ZIP	FREDERICKSBURG VA 22408	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paul Downey	
STREET ADDRESS	2303 DEVINE ST	
CITY-ST-ZIP	Columbia SC 29205	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL DEITCH	
STREET ADDRESS	620 N CRAVEROFT	
CITY-ST-ZIP	TUCSON AZ 85711	
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:

(Signature)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/02

803-252-5545

Date Daytime Phone #

CR2E037 (9/01)