

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000006275

1. Entity Name

FAMILY PRESERVATION SERVICES OF S.C. INC.

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

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

Principal Place of Business

Mailing Address

~~928 WOODROW STREET~~ 2303 Devine St
COLUMBIA SC 29205

~~928 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
a

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

~~9280 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

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

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

2/11/02

803-252-5545

Date

Daytime Phone #

CR2E037 (9/01)