

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000004140

1. Entity Name

PEACHA L. WIGGINS FAMILY INITIATIVE, INC.

Principal Place of Business

Mailing Address

C/O ROBERT S. BOLT  
601 BAYSHORE BLVD. SUITE 700  
TAMPA FL 33606

C/O ROBERT S. BOLT  
601 BAYSHORE BLVD. SUITE 700  
TAMPA FL 33606

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

59-3673315

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

BOLT, ROBERT S  
601 BAYSHORE BLVD.  
SUITE 700  
TAMPA FL 33606

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 PD ☐ Delete  
NAME PARK LYNN, LESLIE  
STREET ADDRESS 369 MAYA STREET  
CITY-ST-ZIP LAKE MARY FL 32746

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

TITLE VPD ☐ Delete  
NAME PARK-BROWN, SYDNEY  
STREET ADDRESS 11010 RIVERVIEW DRIVE  
CITY-ST-ZIP RIVERVIEW FL 33549

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

TITLE VPD ☐ Delete  
NAME HIGGINS, CLARK  
STREET ADDRESS 3124 ORLEANS WAY SOUTH  
CITY-ST-ZIP APOPKA FL 32703

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

TITLE SD ☐ Delete  
NAME MOORE MAYES, ANALEE  
STREET ADDRESS 4101 OBISPO STREET  
CITY-ST-ZIP TAMPA FL 33629

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

TITLE TD ☐ Delete  
NAME WIGGINS MOORE, THOMAS  
STREET ADDRESS 3381 EAGLEWOOD TRAIL  
CITY-ST-ZIP SANFORD FL 32773

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

TITLE D ☐ Delete  
NAME BOLT, ROBERT  
STREET ADDRESS 455 LUCERNE AVENUE  
CITY-ST-ZIP TAMPA FL 33606

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 Required*

1-21-02

813-253-2020

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90171 042 \*\*\*\*61.25

80077909



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)