

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0012305

DOCUMENT # N00000004140

1. Entity Name

PEACHA L. WIGGINS FAMILY INITIATIVE, INC.



FILED

03 SEP 25 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

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

Mailing Address

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. I am familiar with, and accept the obligations of registered agent.

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
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida 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

9/22/03 813-253-2020

CR2E037 (4/03)