

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000006890

1. Entity Name

FLORIDA PARTNERS IN CRISIS, INC.

Principal Place of Business

Mailing Address

LARRY BACON, SEMINOLE CTY. SHERIFFS OFFICE
100 BUSH BLVD
SANFORD FL 32773

LARRY BACON, SEMINOLE CTY. SHERIFFS OFFICE
100 BUSH BLVD
SANFORD FL 32773

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

59-3719602

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

BACON, LARRY
100 BUSH BLVD
SANFORD FL 32773

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 SD ☐ Delete
NAME ESLINGER, DONALD F SHER.
STREET ADDRESS 100 BUSH BLVD., SEMINOLE CTY. SHERIFFS OFF
CITY-ST-ZIP SANFORD FL 32773

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

TITLE IPSD ☐ Delete
NAME PERRY, BELVIN
STREET ADDRESS 425 N ORANGE AVE STE 2010
CITY-ST-ZIP ORLANDO FL 32801

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

TITLE D ☐ Delete
NAME ESLINGER, DONALD
STREET ADDRESS 100 BUSH BLVD
CITY-ST-ZIP SANFORD FL 32773

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

TITLE VSD ☐ Delete
NAME DILLINGER, BOB
STREET ADDRESS 14250 49TH STREET NORTH
CITY-ST-ZIP CLEARWATER FL 33762

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

TITLE VSD ☐ Delete
NAME LATVALA, SUSAN
STREET ADDRESS 315 COURT STREET
CITY-ST-ZIP CLEARWATER FL 33756

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

TITLE M ☐ Delete
NAME DAVIS, BRIAN
STREET ADDRESS 330 E. BAY STREET, STE. 107
CITY-ST-ZIP JACKSONVILLE FL 32202

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

3/27/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90065 019 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)