

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

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90210 034 ****61.25

DOCUMENT # N00000006890

1. Entity Name

FLORIDA PARTNERS IN CRISIS, INC.



Principal Place of Business

**LARRY BACON. SEMINOLE CTY.
SHERIFF'S OFFICE 100 BUSH BLVD
SANFORD FL 32773**

Mailing Address

**LARRY BACON. SEMINOLE CTY.
SHERIFF'S 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

☐ CHECK HERE IF MAKING CHANGES

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

**BACON, LARRY
100 BUSH BLVD
SANFORD FL 32773**

7. Name and Address of New Registered Agent

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

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

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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

1/6/03

(407) 665-6635

Date

Daytime Phone #

CR2E037 (10/02)