

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000008048

1. Entity Name

FACES AND VOICES OF ST. LUCIE COUNTY, INC.

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91541 025 ****61.25

Principal Place of Business

217 N.E. PRIMA VISTA BOULEVARD
PORT ST. LUCIE FL 34983

Mailing Address

217 N.E. PRIMA VISTA BOULEVARD
PORT ST. LUCIE FL 34983

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

651159154

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

REDMAN, JEMMA
217 N.E. PRIMA VISTA BOULEVARD
PORT ST. LUCIE FL 34983

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

Jemma Redman

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/16/02

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

TITLE ☐ Delete
NAME D REDMAN, JEMMA
STREET ADDRESS 217 N.E. PRIMA VISTA BOULEVARD
CITY-ST-ZIP PORT ST. LUCIE FL 34983

TITLE ☐ Delete
NAME D ALERT, BARBARA
STREET ADDRESS 1925 S.E. CHELTENHAM STREET
CITY-ST-ZIP PORT ST. LUCIE FL 34983

TITLE ☒ Delete
NAME D LE BLANC, ROMANA
STREET ADDRESS 660 S.E. STOW TERRACE
CITY-ST-ZIP PORT ST. LUCIE FL 34984

TITLE ☐ Delete
NAME D GOMEZ, CATHERINE
STREET ADDRESS 3786 S.W. FINDLAY STREET
CITY-ST-ZIP PORT ST. LUCIE FL 34983

TITLE ☐ Delete
NAME D COBBS, SHIRLEY
STREET ADDRESS 5202 PINETREE DRIVE
CITY-ST-ZIP PORT ST. LUCIE FL 34982

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME D June Robinson
STREET ADDRESS 5906 Papaya Drive
CITY-ST-ZIP Fort Pierce, FL 34982

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

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

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

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 an other like empowered.

SIGNATURE:

Jemma Redman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/02

Date

772-344-7411

Daytime Phone #

CR2E037 (9/01)