

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1000008899

1. Entity Name

FRESH START COMMUNITY RESOURCE CENTER, INC.

Principal Place of Business

Mailing Address

600 E. 4TH ST.  
JACKSONVILLE FL 32206

600 E. 4TH ST.  
JACKSONVILLE FL 32206

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11150 FT CAROLINE Road

Jacksonville, Florida

32225

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ 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

COHEN, RONNIE  
11150 FT. CAROLINE RD.  
JACKSONVILLE FL 32225

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

*Ronnie Cohen* VOID

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	DP	COHEN, RONNIE	11150 FT. CAROLINE RD. JACKSONVILLE FL 32225				
	DV	PAINTER, DEWEY E SR	7840 FAWN OAKS CT. JACKSONVILLE FL 32256		DV	JENKINS, SHAWN	5885 EDENFIELD Road Apt. A1 JACKSONVILLE, FL 32271
	D	ROSS, DENISE	2227 W. 27TH ST. JACKSONVILLE FL 32209				
	DST	COHEN, ANNIE L	11150 FT. CAROLINE RD. JACKSONVILLE FL 32225				
	D	BROWN, THELMA	3602 COLLEGE ST. JACKSONVILLE FL 32205				

CR2E037 (9/01)

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:

*Ronnie Cohen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/02

(904) 641-6919