2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2001 08:00 AM
Secretary of State

DOCUMENT # **N01331**

1. Entity Name
PACE CENTER FOR GIRLS, INC.

Principal Place of Business	Mailing Address
112 W. ADAMS ST, SUITE 500	112 W. ADAMS ST, SUITE 500
JACKSONVILLE FL	JACKSONVILLE FL
32202 US	32202 US

DO NOT WRITE IN THIS SPACE

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 **59-2414492** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MOTOLAW, INC.
50 NORTH LAURA STREET
SUITE 2750
JACKSONVILLE FL
32202 US

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.

SIGNATURE _____ **04/18/2001**
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			☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	TRS		☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BARTON	PAT		NAME		
STREET ADDRESS	605 PALM CIRCLE EAST			STREET ADDRESS		
CITY-ST-ZIP	NAPLES	FL 33308		CITY-ST-ZIP		
TITLE	DP		☐ Delete	TITLE		☐ Change ☐ Addition
NAME	RAVOIRA	LAWANDA		NAME		
STREET ADDRESS	112 W. ADAMS ST, SUITE 500			STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE	FL 32202		CITY-ST-ZIP		
TITLE	TRT		☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MILLER	ROBERT		NAME		
STREET ADDRESS	517 2ND ST W.			STREET ADDRESS		
CITY-ST-ZIP	BRADENTON	FL		CITY-ST-ZIP		
TITLE	TRV		☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CARLAN	CAROL		NAME		
STREET ADDRESS	5041 BAYOU BLVD			STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA	FL 32503		CITY-ST-ZIP		
TITLE	TRC		☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CUNNINGHAM	KAY		NAME		
STREET ADDRESS	16204 N FLORIDA AVE			STREET ADDRESS		
CITY-ST-ZIP	LUTZ	FL 33549		CITY-ST-ZIP		
TITLE			☐ Delete	TITLE		☐ Change ☐ Addition
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		

CR2E037 (11/00)

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: LAWANDA RAVOIRA DP 04/18/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #