2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State
04-21-2002 90860 033 ****70.00

DOCUMENT # N01331

1. Entity Name

PACE CENTER FOR GIRLS, INC.

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

7. Name and Address of New Registered Agent

Name: MOTOLAW, Inc.
Street Address (P.O. Box Number is Not Acceptable): 50 North Laura Street
Suite 2500
City: Jacksonville **FL** Zip Code: 32202

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.

by: Robert G. Shaffer, II, its President

SIGNATURE Robert G. Shaffer, II, President 4/9/02

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	TRC CUNNINGHAM, KAY 16204 N FLORIDA AVE LUTZ FL 33549	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRC Carol Carlan VP-Manager Private Banking SunTrust Bank 220 W. Garden St. Pensacola FL 32501	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRV CARLAN, CAROL 5041 BAYOU BLVD PENSACOLA FL 32503	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRV Kennon G. Holmes Stellar Group 2900 Hartley Rd Jacksonville FL 32257	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRT MILLER, ROBERT 517 2ND ST W. BRADENTON FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRT Kay Cunningham 16204 N. Florida Ave Lutz FL 33549	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP RAVOIRA, LAWANDA 112 W. ADAMS ST, SUITE 500 JACKSONVILLE FL 32202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRS Steven Bobes Metro Dade Cnty Consumer Srvs 1625 S.W 83RD AVE Miami FL 33155	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRS BARTON, PAT 805 PALM CIRCLE EAST NAPLES FL 33308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Lawanda Ravoira FILED 3/25/02 904 358-0555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #