

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90327 043 ****61.25

DOCUMENT # N01573

1. Entity Name

BIG BROTHERS, BIG SISTERS OF ST. LUCIE COUNTY, I

Principal Place of Business	Mailing Address
4131 S. FEDERAL HWY FT. PIERCE FL 34982	4131 S. FEDERAL HWY FT. PIERCE FL 34982-8334 US

101000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4131 S US # 1 Bldg 2, Unit # 4 Fort Pierce, FL 34982 US	4131 S US # 1 Bldg 2, Unit # 4 Fort Pierce, FL 34982 US

4. FEI Number	Applied For
59-2455513	<input type="checkbox"/>
5. Certificate of Status Desired	Additional Fee Required
<input type="checkbox"/>	\$8.75

6. Name and Address of Current Registered Agent

MILLER, JUDI
4131 S. FEDERAL HWY
FT PIERCE FL 34982

7. Name and Address of New Registered Agent

Name: **Miller, Judi**
 Street Address (P.O. Box Number is Not Acceptable): **4131 S US # 1**
Bldg 2, Unit # 4
 City: **Fort Pierce** FL Zip Code: **34982**

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: *Judi Miller* DATE: **4/28/00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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: VP	NAME: GALLMON, JAKE <input checked="" type="checkbox"/> Delete	TITLE: VP	NAME: Van Engelen, Frank <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 2200 JUANITA AVE.	CITY-ST-ZIP: FT. PIERCE FL 34946	STREET ADDRESS: 1899 SE Adair Rd.	CITY-ST-ZIP: Port St. Lucie, FL 34952
TITLE: PD	NAME: NAPPI, CHRIS <input type="checkbox"/> Delete	TITLE: VP	NAME: Nappi, Chris <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 5511 GREEN DOLPHIN STREET	CITY-ST-ZIP: FT PIERCE FL	STREET ADDRESS: 5511 Green Dolphin Street	CITY-ST-ZIP: FT. PIERCE, FL 34951
TITLE: VPD	NAME: MORY, JIM <input type="checkbox"/> Delete	TITLE:	NAME:
STREET ADDRESS: 1182 SW MIRROR LAKE COVE	CITY-ST-ZIP: PORT. ST. LUCIE FL	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: SD	NAME: RD, MITZI <input checked="" type="checkbox"/> Delete	TITLE: SD	NAME: Carole Gooden <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1406 ZEPHYR AVE	CITY-ST-ZIP: FT. PIERCE FL	STREET ADDRESS: 356 SW Cherry Hill Rd	CITY-ST-ZIP: Port St. Lucie, FL 34953
TITLE: VPD	NAME: BOWERS, MIKE <input type="checkbox"/> Delete	TITLE: PD	NAME: Bowers, Mike <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 2203 S 33RD ST	CITY-ST-ZIP: FT PIERCE FL	STREET ADDRESS: 2203 S 33rd St.	CITY-ST-ZIP: Ft. Pierce, FL 34982
TITLE: MD	NAME: MILLER, JUDI <input type="checkbox"/> Delete	TITLE:	NAME:
STREET ADDRESS: 3225 S LAKEVIEW CIR	CITY-ST-ZIP: FT PIERCE FL	STREET ADDRESS:	CITY-ST-ZIP:

CR2E037 (9/99)

i2. 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: *Judi Miller* DATE: **4/28/00** DAYTIME PHONE #: **561-466-8535**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR