

04-03-2002 90034 012 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01573

1. Entity Name

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

Principal Place of Business

Mailing Address

4131 S. US #1
 BLDG 2, UNIT #4
 FT. PIERCE FL 34982
 US

4131 S. US #1
 BLDG 2, UNIT #4
 FT. PIERCE FL 34982
 US

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

59-2455513

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLER, JUDI
 4131 S. US #1
 BLDG 2, UNIT #4
 FT PIERCE FL 34982

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

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

(NOTE: Registered Agent signature required when reappointing)

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 VP Delete
 NAME VAN ENGEL, FRANK
 STREET ADDRESS 1898 SW ADAM RD.
 CITY-ST-ZIP FORT SAINT LUCIE FL 34952

TITLE Change Addition
 NAME Carole Gooden
 STREET ADDRESS 356 SW Cherry Hill Rd.
 CITY-ST-ZIP FORT ST. LUCIE, FL 34952 Sec.

TITLE VP Delete
 NAME NAPP, CHRIS
 STREET ADDRESS 5511 GREEN DOLPHIN STREET
 CITY-ST-ZIP FORT PIERCE FL 34951

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VPD Delete
 NAME MORY, JIM
 STREET ADDRESS 1182 SW MIRROR LAKE COVE
 CITY-ST-ZIP PORT. ST. LUCIE FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE PD Delete
 NAME BOWERS, MIKE
 STREET ADDRESS 5413 CASSIA DR.
 CITY-ST-ZIP FORT PIERCE FL 34982

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE MD Delete
 NAME MILLER, JUDI
 STREET ADDRESS 3225 S LAKEVIEW CIR
 CITY-ST-ZIP FT PIERCE FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME HAMNER, JUDY
 STREET ADDRESS 6802 LAKELAND BLVD
 CITY-ST-ZIP FORT PIERCE FL 34951

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 all other like empowered.

SIGNATURE:

Judi Miller
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)