

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90149 001 ****70.00

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 **59-245513**

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

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME	S GOODER, CAROLE <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	356 SW CHERRY HILL RD.	STREET ADDRESS	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952	CITY-ST-ZIP	
TITLE NAME	VP NAPPI CHRIS <input checked="" type="checkbox"/> Delete	TITLE NAME	Keith Pickering <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	5511 GREEN DOLPHIN STREET	STREET ADDRESS	323 2ND Street
CITY-ST-ZIP	FORT PIERCE FL 34951	CITY-ST-ZIP	Ft. Pierce, Fl. 34950 V.P.
TITLE NAME	VPD MORY, JIM <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1182 SW MIRROR LAKE COVE	STREET ADDRESS	
CITY-ST-ZIP	PORT. ST. LUCIE FL	CITY-ST-ZIP	
TITLE NAME	PD BOWERS, MIKE <input type="checkbox"/> Delete	TITLE NAME	Past President <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5413 CASSIA DR.	STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE FL 34982	CITY-ST-ZIP	
TITLE NAME	MD MILLER, JUDI <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3225 S LAKEVIEW CIR	STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL	CITY-ST-ZIP	
TITLE NAME	T HAMNER, JUDY <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6602 LAKELAND BLVD	STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE FL 34951	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 REGISTERED AGENT

CR2E037 (10/02)