

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

0016888

DOCUMENT # N02000002039

1. Entity Name

THE LOVE DOCTORS CHARITIES, INC.



FILED

03 SEP 24 AM 11:08

SECRETARY OF STATE



☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business

300 COLORADO AVENUE  
SUITE 204  
STUART FL 34994

Mailing Address

300 COLORADO AVENUE  
SUITE 204  
STUART FL 34994

2. Principal Place of Business

9180 US Hwy One

Suite, Apt. #, etc.

3. Mailing Address

PO Box 880862

Suite, Apt. #, etc.

City & State

Port St Lucie, FL

Zip

34952

Country

St. Lucie

City & State

Port St. Lucie, FL

Zip

34988

Country

USA

4. FEI Number

03-0426782

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPOTTS, MICHAEL K ESQ.  
300 COLORADO AVENUE  
SUITE 204  
STUART FL 34994

7. Name and Address of New Registered Agent

Name Debra A Perdue

Street Address (P.O. Box Number is Not Acceptable)

1532 SW Santander Ave

City

Port St. Lucie

FL

Zip Code

34953

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

Debra A Perdue, Treasurer

(NOTE: Registered Agent signature required when reinstating)

DATE

9/17/03

FILE NOW: FEE IS \$61.25

After September 10, 2003, min will be \$236.25

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

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

REINSTATEMENT 113

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Pres	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eugene E Albrecht		
STREET ADDRESS	9180 US Hwy One		
CITY-ST-ZIP	Port St. Lucie, FL 34952		
TITLE	Vice-President		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barry J. Schwader		
STREET ADDRESS	9180 S. US Hwy One		
CITY-ST-ZIP	Port St. Lucie, FL 34952		
TITLE	Secretary		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Patricia L. Dickerson		
STREET ADDRESS	9180 US Hwy One		
CITY-ST-ZIP	Port St. Lucie, FL 34952		
TITLE	Treasurer		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Debra A. Perdue		
STREET ADDRESS	9180 US Hwy One		
CITY-ST-ZIP	Port St. Lucie, FL 34952		
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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09/24/03--01075--001 \*\*236.25

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 an other like empowered.

SIGNATURE:

Debra A Perdue, Treasurer 772-336-2357

CR2E037 (4/03)