

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N19742

1. Entity Name

FRIENDS AFTER MASTECTOMY INC., (F.A.M.E.)

FILED
Aug 28, 2000 8:00 am
Secretary of State

08-28-2000 90040 012 ****61.25

Principal Place of Business

854 PORT MALABAR BLVD
PALM BAY FL 32905
US

Mailing Address

BOX 510461
MELBOURNE BEACH FL 32951

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

59-2628064

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

MACKEY, JANE
542 PICASSO AVE
PALM BAY FL 32907

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.

Jane Mackey President

SIGNATURE

Jane Mackey

8-23-2000

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
After September 13, 2000 min. will be \$236.25

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 PD
NAME MACKEY, JANE
STREET ADDRESS 542 PICASSO AVE NE
CITY-ST-ZIP PALM BAY FL 32907 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPM
NAME GLAZAR, BARBARA
STREET ADDRESS 648 MARK DR
CITY-ST-ZIP MELBOURNE FL 32904 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME CROOK, MAUREEN
STREET ADDRESS 2760 OKLAHOMA ST
CITY-ST-ZIP W MELBOURNE FL 32904 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME HIGGINS, JACQUELINE A
STREET ADDRESS 101 LA COSTA ST 85
CITY-ST-ZIP MELBOURNE BEACH FL 32951 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP
NAME CAMPBELL, LISA
STREET ADDRESS 122 E COURT
CITY-ST-ZIP MELBOURNE FL 32904 ☐ 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

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: Jacqueline A. Higgins 8-24-00 726 9077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)