

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90112 027 ****61.25

DOCUMENT # N25542

1. Entity Name

UNIVERSITY CRISIS PREGNANCY CENTER, INC.

Principal Place of Business

Mailing Address

12310 N. NEBRASKA AVENUE
TAMPA FL 33682
US

12310 N NEBRASKA AVE
TAMPA FL 33612-5350
US

2. Principal Place of Business

14620 N. Nebraska Ave.

3. Mailing Address

14620 N. Nebraska Ave.

Suite, Apt. #, etc.

Unit C

Suite, Apt. #, etc.

Unit C

City & State

Tampa FL

City & State

Tampa FL

Zip

33613

Country

USA

Zip

33613

Country

USA

4. FEI Number

59-2898778

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MATHER, CHERYL R
9705 CYPRESS BROOK RD
TAMPA FL 33647

7. Name and Address of New Registered Agent

Name

Dorothy McLaughlin

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

14620 N. Nebraska Ave.

Unit C

City

Tampa

FL

Zip Code

33613

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

Dorothy McLaughlin

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/00

FILE NOW:

FEES 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

TITLE D ☐ Delete
NAME BARR, PAT
STREET ADDRESS 18305 CYPRESS VIEW WAY
CITY-ST-ZIP TAMPA FL 33647

TITLE D ☐ Delete
NAME REED, BOB
STREET ADDRESS 5219 LOWELL ROAD
CITY-ST-ZIP TAMPA FL 33624

TITLE D ☐ Delete
NAME SENTOVICH, MARK
STREET ADDRESS 2911 RIPPLEWOOD
CITY-ST-ZIP SEFFNER FL 33584

TITLE D ☐ Delete
NAME MCLAUGHLIN, DOROTHY
STREET ADDRESS 14620 N NEBRASKA AVE -C
CITY-ST-ZIP TAMPA FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Director ☒ Change ☐ Addition
NAME Barr, Pat
STREET ADDRESS 17816 Willow Lake Dr.
CITY-ST-ZIP Odessa, FL 33556

TITLE Director ☐ Change ☒ Addition
NAME Hilton, Jeanie
STREET ADDRESS 19321 Crescent Rd.
CITY-ST-ZIP Odessa, FL 33556

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

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

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

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:

Dorothy McLaughlin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/00

CR2E037 (9/99)