

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N25542

1. Entity Name

UNIVERSITY CRISIS PREGNANCY CENTER, INC.

FILED

May 15, 2002 8:00 am
Secretary of State

05-15-2002 90014 004 ****61.25

Principal Place of Business

14620 N NEBRASKA AVE.
UNIT C
TAMPA FL 33682
US

Mailing Address

14620 N NEBRASKA AVE.
UNIT C
TAMPA FL 33682
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 59-2898778

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

MCLAUGHLIN, DOROTHY
14620 N NEBRASKA AVE
UNIT C
TAMPA FL 33613

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 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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME BARR, PAT
STREET ADDRESS 17816 WILLOW LAKE DR
CITY-ST-ZIP ODESSA FL 33556 ☒ Delete

TITLE D
NAME Pamela Townsend
STREET ADDRESS 402 Fern Cliff Ave.
CITY-ST-ZIP Tampa, FL 33617 ☐ Change ☒ Addition

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

TITLE D
NAME Steve Altheide
STREET ADDRESS 819 W. Peninsular St.
CITY-ST-ZIP Tampa, FL 33603 ☐ Change ☒ Addition

TITLE D
NAME MAYER, GEORGE
STREET ADDRESS 2006 BLIND POND AVE.
CITY-ST-ZIP LUTZ FL 33549 ☐ Delete

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

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

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

TITLE D
NAME HILTON, JEANIE
STREET ADDRESS 19321 CRESCENT RD
CITY-ST-ZIP ODESSA FL 33556 ☐ Delete

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

TITLE D
NAME CHEW, LENNY
STREET ADDRESS 9411 PEBBLE GLEN AVE.
CITY-ST-ZIP TAMPA FL 33647 ☐ 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Exec Dir

4/25/02

813-978-9737

Date

Daytime Phone #

CR2E037 (9/01)