

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N45888**

1. Entity Name

**THE A. LEON LOWRY, SR. FAMILY SERVICE CENTER, IN
C.**

Principal Place of Business

Mailing Address

**1006 W CYPRESS
TAMPA FL 33606****1006 W CYPRESS
TAMPA FL 33606**

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

59-3089222

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

**WRIGHT, EVELYN A
10110 VISTA POINTE DRIVE
TAMPA FL 33635**

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 \$61.259. 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	<input checked="" type="checkbox"/> Delete
NAME	CLARK, FREDERICA	
STREET ADDRESS	7110 GATEWAY COURT	
CITY-ST-ZIP	TAMPA FL 33615	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Baker, Andrew	
STREET ADDRESS	911 E. McBerry Street	
CITY-ST-ZIP	Tampa, FL 33603	

TITLE	SD	<input type="checkbox"/> Delete
NAME	WRIGHT, EVELYN A	
STREET ADDRESS	10110 VISTA POINTE DRIVE	
CITY-ST-ZIP	TAMPA FL 33635	

TITLE	VCD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Baker, Betty G.	
STREET ADDRESS	1916 Walnut Street	
CITY-ST-ZIP	Tampa, FL 33607	

TITLE	D	<input type="checkbox"/> Delete
NAME	THOMSON, CARL	
STREET ADDRESS	9031 ARNDALE CIRCLE	
CITY-ST-ZIP	TAMPA FL 33615	

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Osborn, Carolyn	
STREET ADDRESS	3916 Casaba Loop	
CITY-ST-ZIP	Valrico, FL 33594	

TITLE	CPD	<input type="checkbox"/> Delete
NAME	DUBOSE, ARNOLD	
STREET ADDRESS	1405 BUCWOOD COURT	
CITY-ST-ZIP	BRANDON FL 33511	

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

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	TYSON, EDWARD CHARLES	
STREET ADDRESS	8305 LASERENDA DRIVE	
CITY-ST-ZIP	TAMPA FL 33614	

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

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Evelyn A. Wright **SIGNATURE REQUIRED** Evelyn A. Wright

4/17/02 (813) 251-3382

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90310 035 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)