

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 18, 2002 8:00 am**  
**Secretary of State**

08-18-2002 90129 003 \*\*\*\*61.25

**DOCUMENT # N47575**

1. Entity Name

**CENTRAL FLORIDA PREGNANCY CENTER, INC.**

Principal Place of Business

Mailing Address

840-F1 DELTONA BLVD.  
 DELTONA FL 32725

P.O. BOX 5343  
 DELTONA FL 32728-5243

974898

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

59-3111579

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

ERRICO, JESSICA C  
 539 BALDWIN COURT  
 DELTONA FL 32725

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,  
 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 ERRICO, JESSICA C  
 STREET ADDRESS 539 BALDWIN COURT  
 CITY-ST-ZIP DELTONA FL 32725 ☐ Delete

TITLE D/C/T  
 NAME Robert Myers  
 STREET ADDRESS 150 Catalina Dr.  
 CITY-ST-ZIP DeBary, FL. 32713 ☐ Change ☒ Addition

TITLE VP  
 NAME LEHMBERG, CARMEN I  
 STREET ADDRESS 625 DOLPHIN COVE CT  
 CITY-ST-ZIP DEBARY-FL-32713 ☒ Delete

TITLE D/V  
 NAME Frederick Weigand  
 STREET ADDRESS 2670 Doyle Rd.  
 CITY-ST-ZIP Deltona, FL. 32738 ☐ Change ☒ Addition

TITLE D  
 NAME FAUST, RITA  
 STREET ADDRESS 32 MADORA RD  
 CITY-ST-ZIP DEBARY FL 32713 ☒ Delete

TITLE D/S  
 NAME Cherise Edwards  
 STREET ADDRESS 68 Lantana Ct.  
 CITY-ST-ZIP DeBary, FL. 32713 ☐ Change ☒ Addition

TITLE T  
 NAME LEHMBERG, WALTER  
 STREET ADDRESS 625 DOLPHIN COVE CT  
 CITY-ST-ZIP DEBARY FL 32713 ☒ 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

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: SIGNATURE REQUIRED

8/15/02 (386) 860-1861

CR2E037 (4/02)