

5/21

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 09, 2002 8:00 am**  
**Secretary of State**

05-21-2002 90873 004 \*\*\*\*61.25

**DOCUMENT # N49514**

1. Entity Name

**PARTNERS IN PROGRESS, INC.**

Principal Place of Business

Mailing Address

550 S.W. 12TH AVENUE  
DEERFIELD BEACH FL 33442550 S.W. 12TH AVENUE  
DEERFIELD BEACH FL 33442

2. Principal Place of Business

420 Sycamore St.  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 470865  
Suite, Apt. #, etc.

City &amp; State

Celebration, FL

City &amp; State

Celebration FL

Zip

34747

Country

USA

Zip

34747

Country

USA

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PRICE, DAVID T  
550 S.W. 12TH AVENUE  
DEERFIELD BEACH FL 33442Brennan, Ann  
P.O. Box 470865  
Celebration, FL

7. Name and Address of New Registered Agent

Name Brennan, Ann

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

420 Sycamore Street

City Celebration

FL

Zip Code

34747

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

Ann M. Brennan

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-28-02

**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

TITLE	PD	<input type="checkbox"/> Delete
NAME	WINTER, ANN	Married
STREET ADDRESS	2714 MCINTOSH ROAD	
CITY-ST-ZIP	DOVER FL 33527	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	BRENNAN, JOSEPH	
STREET ADDRESS	550 S.W. 12TH AVENUE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	0	<input checked="" type="checkbox"/> Delete
NAME	PRICE, DAVID T	
STREET ADDRESS	550 S.W. 12TH AVENUE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brennan, Ann	
STREET ADDRESS	420 Sycamore Street	
CITY-ST-ZIP	Celebration, FL 34747	
TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brennan, Joseph	
STREET ADDRESS	420 Sycamore St.	
CITY-ST-ZIP	Celebration, FL 34747	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James J. Cavnar	
STREET ADDRESS	1431 SW 10 ST.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33312	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-02

Date

407-566-0760

Daytime Phone #

CR2E037 (9/01)