

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

0086776

DOCUMENT # N51166

1. Entity Name

DOMESTIC ABUSE SAFE HOUSE, INC.

03-14-2002 90068 024 ****70.00

Principal Place of Business

P.O. BOX 1484
 ENGLEWOOD FL 34295

Mailing Address

P.O. BOX 1484
 ENGLEWOOD FL 34295

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0390963

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

~~SCHNAUFER, LAURIE~~
~~117 BUNKER RD.~~
~~ROTONDA WEST FL 33947~~

Name

Jordan Diana

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

1865 Blue Bird Lane

City

Englewood

FL

Zip Code

34224

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

Diana L. Jordan DIANA L. JORDAN

3/4/02

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	TD	☐ Delete
NAME	JORDAN, DIANA	
STREET ADDRESS	1865 BLUE BIRD LANE	
CITY-ST-ZIP	ENGLEWOOD FL 34-2245	
TITLE	VD	☐ Delete
NAME	SPRADLIN, CAROLYN	
STREET ADDRESS	2021 MASSACHUSETTS	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	PD	☒ Delete
NAME	SCHNAUFER, LAURIE	
STREET ADDRESS	1300 SHOREVIEW DR	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	D	☒ Delete
NAME	HARTWIG, CATHY	
STREET ADDRESS	1041 KANT	
CITY-ST-ZIP	ENGLEWOOD FL 34424	
TITLE	SD	☐ Delete
NAME	WAGNER, ANN	
STREET ADDRESS	1767 NEW POINT COMFORT RD	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	☐ Change ☒ Addition
NAME	Debra Raynor	
STREET ADDRESS	5650 North Port Blvd.	
CITY-ST-ZIP	North Port, FL. 34287	
TITLE	Now Director	☒ Change ☐ Addition
TITLE	VD	☐ Change ☒ Addition
NAME	Jean Bruhn	
STREET ADDRESS	1390 Tripoli St, North Port FL	
CITY-ST-ZIP	34286	
TITLE	VD	☐ Change ☒ Addition
NAME	Gary Brenner	
STREET ADDRESS	3551 Sydney Ave, North Port, FL	
CITY-ST-ZIP	34287	
TITLE	PD	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	☐ Change ☒ Addition
NAME	Scott G Gregoire	
STREET ADDRESS	4324 Boeing Lane, North Port FL	
CITY-ST-ZIP	34287	

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:

Diana L. Jordan DIANA L. JORDAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/02 (941)697-7322

Date

Daytime Phone #

CR2E037 (9/01)