

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001345

1. Entity Name

VISIONS TEEN PARENT FOUNDATION, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90051 008 ****61.25

Principal Place of Business
4152 BLUE HERON BLVD.
#107
RIVIERA BEACH FL 33404

Mailing Address
4152 BLUE HERON BLVD.
#107
RIVIERA BEACH FL 33404-4858



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0398632

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BANKS, EMMA
2708 EMBASSY DR.
WEST PALM BEACH FL 33401

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

T
NAME JOHNSON, CONSTANCE
STREET ADDRESS 11241 W. 9TH ST.
CITY-ST-ZIP RIVIERA BEACH FL 33421 ☒ Delete

DC
NAME PITTS, VIRGINIA
STREET ADDRESS P.O. BOX 10332
CITY-ST-ZIP ROYAL PALM BEACH FL 33411 ☐ Delete

PDF
NAME BANKS, EMMA
STREET ADDRESS 2708 EMBASSY DRIVE
CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ Delete

GILBERT, JEANNIE
NAME
STREET ADDRESS 1418 7TH ST
CITY-ST-ZIP WEST PALM BEACH FL 33401 ☒ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

E/otke Banks Jr. ☐ Change ☒ Addition
NAME
STREET ADDRESS 2708 Embassy Drive
CITY-ST-ZIP West Palm Beach, FL 33401

Secretary of State
NAME Monica G. Banks
STREET ADDRESS
CITY-ST-ZIP West Palm Beach FL 33401 ☐ Change ☒ Addition

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-24-00 561-881-4639