

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003920

1. Entity Name

BEACHES CRISIS PREGNANCY CENTER, INC.

**FILED**  
**Jan 12, 2000 8:00 am**  
**Secretary of State**

01-12-2000 90042 026 \*\*\*\*61.25

Principal Place of Business

Mailing Address

414 THIRD AVENUE NORTH  
JACKSONVILLE BEACH FL 32250

P. O. BOX 51392  
JACKSONVILLE BEACH FL 32240-1392  
US



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

59-3203666

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

AGNOR, PAMELA H  
2763 BORDEAUX CT  
PONTE VEDRA BCH FL 32082

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS AGNOR, PAMELA H  
CITY-ST-ZIP 2763 BORDEAUX CT  
PONTE VEDRA BCH F 32082

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS AGNOR, MICHAEL L  
CITY-ST-ZIP 2763 BORDEAUX CT  
PONTE VEDRA BCH FL 32082

TITLE ☒ Change ☐ Addition  
NAME S/T Agnor, Michael L  
STREET ADDRESS 2763 Bordeaux Ct  
CITY-ST-ZIP Ponte Vedra Bch, FL 32082

TITLE ☐ Delete  
NAME D  
STREET ADDRESS BAYLIS, ROBERT O  
CITY-ST-ZIP 103 CITRUS LANE  
PONTE VEDRA FL 32082

TITLE ☒ Change ☐ Addition  
NAME Baylis, Robert O  
STREET ADDRESS 103 Citrus Lane  
CITY-ST-ZIP Ponte Vedra Bch, FL - 32082

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME Leslie Workman  
STREET ADDRESS 100 N. Roscoe Blvd.  
CITY-ST-ZIP Ponte Vedra Beach, FL 32082

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Pamela H Agnor*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/2000 270-0076  
280-9212  
Date Daytime Phone #

CR2E037 (9/99)