

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91161 003 ****61.25

DOCUMENT # N95000001683
 1. Entity Name
LORI EDWARDS' TEENS IN TALLAHASSEE, INC.

Principal Place of Business 11 5TH STREET SW WINTER HAVEN FL 33880 US	Mailing Address P.O. BOX 1858 AUBURNDALE FL 33823 US
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DO NOT WRITE IN THIS SPACE

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 59-3335550	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**MCASHAN, VAUGHN H
 11 5TH STREET SW
 WINTER HAVEN FL 33880**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	HOWARD, KATHY	
STREET ADDRESS	5115 FORESTGREEN DR. E.	
CITY-ST-ZIP	LAKELAND FL 33811	
TITLE	CD	<input type="checkbox"/> Delete
NAME	MCASHAN, VAUGHN	
STREET ADDRESS	PO BOX 820 N/A	
CITY-ST-ZIP	WINTER HAVEN FL 33882	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WALKER, BOB	
STREET ADDRESS	100 10TH ST SOUTH	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE	D	<input type="checkbox"/> Delete
NAME	MYERS, MABEL	
STREET ADDRESS	815 PRADO GRAND AVE	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE	D	<input type="checkbox"/> Delete
NAME	ERNEST, ROBERT T	
STREET ADDRESS	222 STATE ROAD 60 EAST	
CITY-ST-ZIP	LAKE WALES FL 33859	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, LINDA	
STREET ADDRESS	7401 CYPRESS GARDENS BLVD	
CITY-ST-ZIP	WINTER GARDEN FL 33888	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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: *VAUGHN H. MCASHAN* **4/27/01** **863-297-1344**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)