

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 13, 2002 8:00 am**
Secretary of State

02-13-2002 90216 002 ****61.25

DOCUMENT # N95000001683

1. Entity Name

LORI EDWARDS' TEENS IN TALLAHASSEE, INC.

Principal Place of Business

Mailing Address

**11 5TH STREET SW
WINTER HAVEN FL 33880
US****P.O. BOX 1858
AUBURNDALE FL 33823
US**

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

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

**MCASHAN, VAUGHN H
11 5TH STREET SW
WINTER HAVEN FL 33880**

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 \$61.259. 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 **SD** ☐ Delete
NAME **HOWARD, KATHY**
STREET ADDRESS **5115 FORESTGREEN DR. E.**
CITY-ST-ZIP **LAKELAND FL 33811**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **CD** ☐ Delete
NAME **MCASHAN, VAUGHN**
STREET ADDRESS **PO BOX 820 N/A**
CITY-ST-ZIP **WINTER HAVEN FL 33882**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **TD** ☐ Delete
NAME **WALKER, BOB**
STREET ADDRESS **100 10TH ST SOUTH**
CITY-ST-ZIP **HAINES CITY FL 33844**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☒ Delete
NAME **MYERS, MABEL**
STREET ADDRESS **815 PRADO GRAND AVE**
CITY-ST-ZIP **HAINES CITY FL 33844**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **ERNEST, ROBERT T**
STREET ADDRESS **222 STATE ROAD 60 EAST**
CITY-ST-ZIP **LAKE WALES FL 33859**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **DAVIS, LINDA**
STREET ADDRESS **7401 CYPRESS GARDENS BLVD**
CITY-ST-ZIP **WINTER GARDEN FL 33888**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:

VAUGHN H. MCASHAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)