

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003401

1. Entity Name

THE CENTER FOR MULTICULTURAL WELLNESS AND PREVEN

Principal Place of Business

2053 EASTBROOK BOULEVARD
WINTER PARK FL 32792

Mailing Address

2053 EASTBROOK BOULEVARD
WINTER PARK FL 32792

2. Principal Place of Business

536 N. Westmoreland

3. Mailing Address

Suite, Apt. #, etc.

Suite 4

City & State
Orlando FL

City & State

Zip
32805

Country
USA

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3368679

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, LARRY K
3916 ROSE PETAL LANE
ORLANDO FL 32808

7. Name and Address of New Registered Agent

Name

Marie Jose' Francois

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

2053 Eastbrook Boulevard

City

Winter Park

FL

Zip Code

32792

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

Marie J. Francois, Chair

4/17/2001

(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

TITLE	D	☒ Delete
NAME	SMITH, MARGARET	
STREET ADDRESS	6524 CANTERLEA DRIVE	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	D	☒ Delete
NAME	INGS, SAMUEL B	
STREET ADDRESS	100 SOUTH HUGHEY	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D	☒ Delete
NAME	SOLOMON, MARK	
STREET ADDRESS	2053 EAST BROOK BLVD	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	D	☐ Delete
NAME	FRANCOIS, MARIE J	
STREET ADDRESS	2053 EASTBROOK BLVD.	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	D	☒ Delete
NAME	HUTSKO, DON	
STREET ADDRESS	20250 MAXIM PARKWAY	
CITY-ST-ZIP	ORLANDO FL 32833-3831	
TITLE	D	☒ Delete
NAME	WILLIAMS, LARRY K	
STREET ADDRESS	3916 ROSE PETAL LANE	
CITY-ST-ZIP	ORLANDO FL 32808	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	☐ Change ☒ Addition
NAME	Virginia Brown	
STREET ADDRESS	6827 Magnolia Pointe Circle	
CITY-ST-ZIP	Orlando FL 32810	
TITLE	D	☐ Change ☒ Addition
NAME	Althea V. Jones	
STREET ADDRESS	5656 Grand Canyon Drive	
CITY-ST-ZIP	Orlando FL 32810	
TITLE	D	☐ Change ☒ Addition
NAME	Karen Wint	
STREET ADDRESS	1792 Balsa Wood Court	
CITY-ST-ZIP	Orlando FL 32818	
TITLE	D	☐ Change ☒ Addition
NAME	Myrlaine P. Brignole	
STREET ADDRESS	2105 Howell Branch Road #33-G	
CITY-ST-ZIP	Maitland FL 32751	
TITLE	D	☐ Change ☒ Addition
NAME	Gabriela Ramirez	
STREET ADDRESS	12613 Lysterfield Ct.	
CITY-ST-ZIP	Orlando FL 32837	
TITLE	D	☐ Change ☒ Addition
NAME	Luckner Millien	
STREET ADDRESS	313 Season Court	
CITY-ST-ZIP	Apopka FL 32712	

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:

Marie J. Francois

Day

Daytime Phone #

CR2E037 (10/00)

0025242