

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005605

1. Entity Name

FAMILY EMPOWERMENT PROGRAMS, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90097 032 ****61.25

Principal Place of Business

Mailing Address

~~11709 WESSON CIRCLE, WEST~~
~~TAMPA FL 33618~~

~~P.O. BOX 273138~~
~~TAMPA FL 34603-1244~~

2. Principal Place of Business

3. Mailing Address

3546 KINGSBURY DRIVE 3546 KINGSBURY DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

HOLIDAY, FL

HOLIDAY, FL

Zip

Country

Zip

Country

34691

USA

34691

USA

4. FEI Number

59-3374395

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

SKELSKY, BERNADETTE G
~~11709 WESSON CIRCLE, WEST~~
~~TAMPA FL 33618~~

Name

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

3546 KINGSBURY DRIVE

City

HOLIDAY

FL

Zip Code

34691

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 D ☐ Delete
NAME GREGGORY, BERNADETTE
STREET ADDRESS 11709 WESSON CIRCLE, WEST
CITY-ST-ZIP TAMPA FL 33618

TITLE ☒ Change ☐ Addition
NAME 3546 KINGSBURY DRIVE
STREET ADDRESS HOLIDAY, FL 34691
CITY-ST-ZIP

TITLE D ☐ Delete
NAME STOCKTON, RICHARD L
STREET ADDRESS 92 LAKE WIRE DRIVE
CITY-ST-ZIP LAKELAND FL 33801

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

TITLE D ☐ Delete
NAME CUMMINGS, SANDRA KAY
STREET ADDRESS 11301 LINBANKS PLACE
CITY-ST-ZIP TEMPLE TERRACE FL 33617

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/2000 (7-2) 848-7744

Date

Daytime Phone #

CR2E037 (9/99)