

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000688

1. Entity Name

L.A. SOCIAL SERVICE CENTER, INC.

FILED

Aug 09, 2000 8:00 am  
Secretary of State

08-09-2000 90077 015 \*\*\*\*70.00

Principal Place of Business Mailing Address  
#9 BETH STACEY BLVD. P.O. BOX 1301  
SUITE 203 LEHIGH ACRES FL 33970-1301  
LEHIGH ACRES FL 33936

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 65-0643862 Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOEHLE, LISA J  
502 EMPIRE AVE S  
LEHIGH ACRES FL 33936

7. Name and Address of New Registered Agent

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

06-01-00

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/BP  
NAME GARGANO, ROSEMARIE  
STREET ADDRESS 1300 WOODWARD CT., APT. #61  
CITY-ST-ZIP LEHIGH ACRES FL 33936 ☐ Delete

TITLE D/VP  
NAME MAST, CARL REV.  
STREET ADDRESS 1300 WOODWARD CT., APT. #37  
CITY-ST-ZIP LEHIGH ACRES FL 33936 ☒ Delete

TITLE D/S  
NAME O'BRIAN, CATHY  
STREET ADDRESS 1140 LEE BLVD.  
CITY-ST-ZIP LEHIGH ACRES FL 33936 ☒ Delete

TITLE D/T  
NAME HODDER, CAROLE  
STREET ADDRESS 1300 WOODWARD CT., APT. #86  
CITY-ST-ZIP LEHIGH ACRES FL 33936 ☒ Delete

TITLE BM  
NAME DOWNS, LEE  
STREET ADDRESS 2701 LEE BLVD.  
CITY-ST-ZIP LEHIGH ACRES FL 33936 ☒ Delete

TITLE BM  
NAME SASSER, RODNEY  
STREET ADDRESS 2106 9TH ST.  
CITY-ST-ZIP LEHIGH ACRES FL 33936 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P  
NAME Judy MARINES  
STREET ADDRESS 2403 Cherry Ct  
CITY-ST-ZIP Lehigh FL 33936 ☐ Change ☒ Addition

TITLE VP  
NAME Patti Verley  
STREET ADDRESS 311 Lake Ave  
CITY-ST-ZIP Lehigh FL 33972 ☐ Change ☒ Addition

TITLE Bm  
NAME Michael BUFF  
STREET ADDRESS PO BOX 278  
CITY-ST-ZIP Alva FL 33902 ☐ Change ☒ Addition

TITLE ~~OS~~  
NAME Deputy MARK BASS  
STREET ADDRESS 9610 Pelmetto Ave  
CITY-ST-ZIP Lehigh FL 33936 ☐ Change ☒ Addition

TITLE Bm  
NAME Judy Phinney  
STREET ADDRESS 1300 Woodward Ct  
CITY-ST-ZIP apt 88 Lehigh FL 33936 ☐ Change ☒ Addition

TITLE ~~BM~~  
NAME Mike Road  
STREET ADDRESS 10481 Bearon Square  
CITY-ST-ZIP Lehigh FL 33936 ☐ Change ☒ Addition

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

Date

Daytime Phone #

6/1/00 941-305-6739

CB2F03719/000