

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000688

1. Entity Name

L.A. SOCIAL SERVICE CENTER, INC.

Principal Place of Business

#9 BETH STACEY BLVD.
SUITE 203
LEHIGH ACRES FL 33936

Mailing Address

P.O. BOX 1301
LEHIGH ACRES FL 33970

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

7. Name and Address of New Registered Agent

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

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 \$61.25

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	DBM	<input type="checkbox"/> Delete
NAME	BROWN, BARBARA	
STREET ADDRESS	P.O. BOX 728	
CITY-ST-ZIP	FELDA FL 33930	
TITLE	P	<input type="checkbox"/> Delete
NAME	MARINES, JUDY	
STREET ADDRESS	2403 CHERRY CT	
CITY-ST-ZIP	LEHIGH FL 33936	
TITLE	VD	<input type="checkbox"/> Delete
NAME	VEALEY, PATTI	
STREET ADDRESS	311 LAKE AVE	
CITY-ST-ZIP	LEHIGH FL 33972	
TITLE	BM	<input type="checkbox"/> Delete
NAME	BUFF, MICHAEL	
STREET ADDRESS	PO BOX 278	
CITY-ST-ZIP	ALVA FL 33902	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BASS, MARK DEP	
STREET ADDRESS	9610 PALMETTO AVE	
CITY-ST-ZIP	LEHIGH FL 33936	
TITLE	BM	<input type="checkbox"/> Delete
NAME	PHINNEY, JUDY	
STREET ADDRESS	1300 WOODLAND COURT APT 88	
CITY-ST-ZIP	LEHIGH FL 33936	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90049 001 *****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

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