

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005837

1. Entity Name

FRESH START PROGRAM, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90031 006 ****61.25

Principal Place of Business

Mailing Address

2840 SOMERSET DRIVE
M-214
LAUDERDALE LAKES FL 33311

P.O. BOX 190241
FT LAUDERDALE FL 33319-0241

2. Principal Place of Business

6299 W. Sunrise Blvd.

3. Mailing Address

6299 W. Sunrise Blvd.

Suite, Apt. #, etc.

Suite # 108

Suite, Apt. #, etc.

Suite # 108

City & State

Sunrise, Florida

City & State

Sunrise, Florida

Zip

33313

Country

Bro.

Zip

33313

Country

Bro.

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LUCAS, BRIAN
2840 SOMERSE DRIVE
M-214
LAUDERDALE LAKES FL 33311

7. Name and Address of New Registered Agent

Name Irving A. Seymour

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

9421 N.W. 18 MANOR

City PLANTATION

FL

Zip Code

33322

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

IRVING A. Seymour

Irving A. Seymour

04/11/2000

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent's 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	PD	<input checked="" type="checkbox"/> Delete
NAME	LUCAS, BRIAN	
STREET ADDRESS	2840 SOMERSET DRIVE #M-214	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33068	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HOLCOMB, GLENN	
STREET ADDRESS	2840 S.W. 14TH STREET #18	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	TERRY, MERIAN	
STREET ADDRESS	12340 WEST GOLD DRIVE	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRVING A. Seymour	
STREET ADDRESS	9421 N.W. 18 MANOR	
CITY-ST-ZIP	Plantation, FL 33323	
TITLE	VO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Elois T. Seymour	
STREET ADDRESS	9421 N.W. 18 MANOR	
CITY-ST-ZIP	Plantation, FL 33323	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	mechelle I. Seymour	
STREET ADDRESS	522 N.E. 1 AVE.	
CITY-ST-ZIP	Ft. Lauderdale FL 33309	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

Irving A. Seymour - 04/11/2000 (754) 473-5383

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)