

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91294 010 ****61.25

DOCUMENT # N96000005837

1. Entity Name

FRESH START PROGRAM, INC.



Principal Place of Business

**2170 SR 426
OVIEDO FL 32765**

Mailing Address

**PO BOX 1563
GOLDENROD FL 32733-1563**

2. Principal Place of Business

Suite, Apt. #, etc.
2170 James Drive

City & State
Jamestown Fla.

Zip Country
32765 USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

Applied For
☒ Not Applicable

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

6. Name and Address of Current Registered Agent

**LUCAS, BRIAN
5433 PEACO PL
WINTER PARK FL 32792**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **LUCAS, BRIAN**
STREET ADDRESS **5433 PEACO PL**
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE **VD** ☐ Delete
NAME **KNIGHT, BRANDON**
STREET ADDRESS **5433 PEACO PL**
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE **SD** ☐ Delete
NAME **CLARK, DOROTHIE T**
STREET ADDRESS **2826 MARLIN ST**
CITY-ST-ZIP **ORLANDO FL 32833**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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] **Brian Lucas**

April 23, 2003 407-657-2003

CR2E037 (10/02)