

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005984

1. Entity Name

F.R.I.E.N.D.S. TEAMWORK PSL CHAPTER, INC.

Principal Place of Business

Mailing Address

932 S.W. BAYSHORE BLVD.  
PORT ST LUCIE FL 34983  
US

932 S.W. BAYSHORE  
PORT ST LUCIE FL 34983-1840  
US

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

59-3245696

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

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 ☐ Delete  
NAME PD  
STREET ADDRESS DRAMIS, JOEL A  
CITY-ST-ZIP 2553 S W KENILWORTH ST  
PORT ST LUCIE FL 34953

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

TITLE ☐ Delete  
NAME TD  
STREET ADDRESS EDGE, JOE  
CITY-ST-ZIP 932 SW BAYSHORE BLVD  
PORT ST LUCIE FL 34983

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

TITLE ☐ Delete  
NAME VD  
STREET ADDRESS ALLEN, ART  
CITY-ST-ZIP 410 SAEGER AVE  
FT PIERCE FL 34982

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

TITLE ☐ Delete  
NAME SD  
STREET ADDRESS LOUDERBACK, KRISSY  
CITY-ST-ZIP 1593 SE VILLAGE GREEN DR UNIT 14  
PORT ST LUCIE FL 34952

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS WILLIAMS, GUY  
CITY-ST-ZIP 9122 S FEDERAL HWY STE 260  
PORT ST LUCIE FL 34952

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

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 #

4/24/2000

CR2E037 (9/99)