

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006182

1. Entity Name

FRIENDS OF TEEN COURT, INC.

FILED

Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90012 010 ****61.25

Principal Place of Business

57 NICHOLAS COURT
ORMOND BEACH FL 32176

Mailing Address

57 NICHOLAS COURT
ORMOND BEACH FL 32176

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 59-3658565

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

BECKER, REBECCA M
57 NICHOLAS COURT
ORMOND BEACH FL 32176

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

TITLE PD
NAME BECKER, MICHAEL ☐ Delete
STREET ADDRESS 112 ORANGE AVE STE A
CITY-ST-ZIP DAYTONA BEACH FL 32114

TITLE SD
NAME PHILLIPS, ANN ☒ Delete
STREET ADDRESS 8 TURKEY CREEK PATH
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE TD
NAME FELBER, PAULA G ☐ Delete
STREET ADDRESS 5919 JOHN ANDERSON DRIVE
CITY-ST-ZIP FLAGLER BEACH FL 32136

TITLE VD
NAME NIELAN, KELLIE A ☐ Delete
STREET ADDRESS 469 RIVERSIDE DRIVE
CITY-ST-ZIP ORMOND BEACH FL

TITLE D
NAME BECKER, REBECCA M ☐ Delete
STREET ADDRESS 57 NICHOLAS COURT
CITY-ST-ZIP ORMOND BEACH FL 32176

TITLE D
NAME ZACHARIAS, JAMES C ☐ Delete
STREET ADDRESS 192 N. EUCLID
CITY-ST-ZIP LAKE HELEN FL 32744

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

Patricia A. Jones ☒ Change ☒ Addition
562 Gertrude Lane
So. Daytona, FL 32119

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

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

TITLE ☐ Change ☐ Addition
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: *Michael A. Becker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-02 386-672-6092

Date Daytime Phone #

CR2E037 (9/01)