

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000256

1. Entity Name

THE FLORENCE PROJECT, INC.

FILED

Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90186 043 ****61.25

Principal Place of Business

26 LAKE SUPERIOR DRIVE
MYSTIC ISLAND NJ 08087

Mailing Address

26 LAKE SUPERIOR DRIVE
MYSTIC ISLAND NJ 08087

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

59-3503509

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

DRUMMOND, PAULA G
120 S. ALCANIZ STEET
PENSACOLA FL 32503

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
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
TERRANOVA, CHRISTINA
11 SCOTT PLACE
ROCKVILLE CENTRE NY 11570 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
SNYDER, CATHERINE
1102 LINCOLN STREET
EASTON PA 18042 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
GRIFFIN, CHUCK
26 LAKE SUPERIOR DR
MYSTIC ISLAND NJ 08087 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
SHERAN, RACHEL
5128 BIRCHMAN AVE.
FORT WORTH TX 76102 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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 1:19.07(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:

Charles Griffin CHARLES GRIFFIN, TREAS 1/26/02 609-296-5111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)