

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003642

1. Entity Name

NORTH CENTRAL FLORIDA SEXUAL ASSAULT CENTER, INC

Principal Place of Business

Mailing Address

808 W. DUVAL ST
LAKE CITY FL 32055

7591 180TH ST.
MCALPIN FL 32062-2854

2. Principal Place of Business

3. Mailing Address

2123 S. First St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake City, FL

Zip
32025

Country
USA

Zip

Country

4. FEI Number

59-3521746

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)

SAME

City

FL

Zip Code

BOWEN, BECKY
7591 180TH ST.
MCALPIN FL 32062

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
DELBENE, JUDY
RT4 BOX 330
LAKE CITY FL 32024 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
RHODES, BUNNY
9043 137 TH RD
LIVE OAK FL 32060 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
ALVARADO, HANNAH
1255 S FIRST STREET
LAKE CITY FL 32025 ☐ Delete

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

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

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: Becky J. Bowen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-00 904-719-9287

Date

Daytime Phone #

CR2E037 (9/99)