

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005253

1. Entity Name

IT'S ALRIGHT TO SAY NO CLUB, INC.

Principal Place of Business

1010 W. 11TH ST.
LAKELAND FL 33805

Mailing Address

1010 W. 11TH ST.
LAKELAND FL 33805

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

MANAGO, CASSANDRA
1010 W. 11TH ST.
LAKELAND FL 33805

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 DP ☐ Delete
NAME MANAGO, CASSANDRA
STREET ADDRESS 1010 W. 11TH ST.
CITY-ST-ZIP LAKELAND FL 33805

TITLE DV ☐ Delete
NAME SELF, PATRICIA
STREET ADDRESS 1531 DOLPHIN DR
CITY-ST-ZIP LAKELAND FL 33801

TITLE DST ☐ Delete
NAME POSTELL, VIVIEN
STREET ADDRESS 812 6TH ST WEST
CITY-ST-ZIP LAKELAND FL 33805

TITLE D ☐ Delete
NAME BEARD, LYNN
STREET ADDRESS 405 FULTON GREEN RD.
CITY-ST-ZIP LAKELAND FL 33809

TITLE DS ☐ Delete
NAME SIMON, SHAWN
STREET ADDRESS 1044 N MISSOURI
CITY-ST-ZIP LAKELAND FL 33805

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE EXECUTIVE DIRECTOR ☐ Change ☒ Addition
NAME JONAS, MARY
STREET ADDRESS 246 AVE.K.NE.
CITY-ST-ZIP WINTERHAVEN, FLA 33881

TITLE DIRECTOR YOUTH SERVICES ☐ Change ☒ Addition
NAME WILSON, EUNICE
STREET ADDRESS 1025 W. 11TH ST.
CITY-ST-ZIP LAKELAND, FL. 33805

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: *M. Cassandra Manago*

4/30/01

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90189 042 ****70.00

00066359



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3543442 ☐ Applied For
☐ Not Applicable

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

CR2E037 (10/00)