

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006131

1. Entity Name

TEEN VOICES/TEEN CHOICES, INC.

Principal Place of Business

725 MOSLEY RD.
LAKE ALFRED FL 33850

Mailing Address

725 MOSLEY RD.
LAKE ALFRED FL 33850

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

59-3542629

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRINKERHOFF, STACY LENNOX
725 MOSLEY RD.
LAKE ALFRED FL 33850

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
NAME BRINKERHOFF, STACY LENNOX
STREET ADDRESS 725 MOSLEY RD.
CITY-ST-ZIP LAKE ALFRED FL 33850 ☐ Delete

TITLE D
NAME BRINKERHOFF, BRIAN K
STREET ADDRESS 725 MOSLEY RD.
CITY-ST-ZIP LAKE ALFRED FL 33850 ☐ Delete

TITLE D
NAME LENNOX, CANDACE A
STREET ADDRESS 2106 WOODBURN LOOP S.
CITY-ST-ZIP LAKELAND FL 33813 ☐ Delete

TITLE TD
NAME CAMPBELL, ANDREA
STREET ADDRESS 2022 SPIRIT LAKE RD
CITY-ST-ZIP WINTER HAVEN FL 33880 ☐ Delete

TITLE SD
NAME ZIMMERMAN, KIM
STREET ADDRESS 200 CUMBIE RD
CITY-ST-ZIP HAINES CITY FL 33844 ☐ 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

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

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/01/01

Date

Daytime Phone #

FILED
Feb 22, 2001 8:00 am
Secretary of State

02-22-2001 90004 009 *****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)