

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001880

1. Entity Name

FLORIDA QUALITY COUNCIL, INC.

Principal Place of Business

2810 SOUTH US 1
FORT PIERCE FL 34982

Mailing Address

C/O NC RIDGELY
PO BOX 651068
VERO BEACH FL 32965

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

65-0912144

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

BARNETTE, NANCY A
6545 CORPORATE CENTER BLVD.
ORLANDO FL 32822

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD PERINO, BARBARA 2201 CORPORATE BLVD, 101 BOCA RATON FL 33431 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD MCHUGH, MARTIN E 10151 DEERWOOD PARK BLVD JACKSONVILLE FL 32256 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD PIEVE, RENEE B 1255 FOREST LAKE DR ALTAMONTE SPRINGS FL 32714 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD RIDGELY, NORMAN C 590-11TH CT VERO BEACH FL 32960 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D NELSON, FRANK 14205 SW 75TH TERR MIAMI FL 33183 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Claire McBarvey 3513 W. Roundtree Dr Cocoa, FL 32920 | <input checked="" type="checkbox"/> Add |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD Pamela P. Fendley 218 Hound Run Place Casselberry, FL 32707 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Pierce | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Barbara Perino 2201 Corporate Blvd, 101 Boca Raton, FL 33431 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Martin E. McHugh 10151 Deerwood Park Blvd Jacksonville, FL 32256 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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

Date

Daytime Phone #

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90046 012 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)