

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N99000002552**

1. Entity Name

**THE LESBIAN BREAST CANCER OUTREACH PROJECT, INCO****FILED****00 OCT -2 AM 11: 53****SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

Principal Place of Business

**2000-1 HENDRICKS AVE.  
JACKSONVILLE FL 32207**

Mailing Address

**2000-1 HENDRICKS AVE.  
JACKSONVILLE FL 32207**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3572373**

Applied For

Not Applicable

5. Certificate of Status Desired

☒**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MEAD, CARRINGTON M  
1606 PARKWOOD ST.  
JACKSONVILLE FL 32207-5343**

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  
After September 13, 2000 min. will be \$236.25**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	<b>Vice President</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LYNN EDWARDS</b>	
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>CARRINGTON M. MEAD PRESIDENT</b>	<input type="checkbox"/> Delete
NAME	<b>CARRINGTON M. MEAD</b>	
STREET ADDRESS	<b>1606 PARKWOOD ST</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32207</b>	

TITLE	<b>TREASURER</b>	<input type="checkbox"/> Delete
NAME	<b>GAIL PATIN</b>	
STREET ADDRESS	<b>12747 DEEDEL LN</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32258</b>	

TITLE	<b>SECRETARY</b>	<input type="checkbox"/> Delete
NAME	<b>TARA M. McPARLAND</b>	
STREET ADDRESS	<b>1606 PARKWOOD ST.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32207</b>	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7-26-00/304)396-6460**

CR2E037 (5/00)

**KE**