2000 UNIFORM BUSINESS REPORT (U

DOCUMENT # N99000006104

08-08-2000 90093 030 ****61.25

1. Entity Name

SUICIDE PREVENTION ADVOCACY NETWORK FLORIDA, INC

FILED
01 JAN 24 AM 9:27
SECRETARY OF STATE
TALLAHASSEE FLORIDA

2000-2001 UBR

Principal Place of Business	Mailing Address
1980 S SPRING GARDEN AVE DELAND FL 32720	1980 S SPRING GARDEN AVE DELAND FL 32720

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. 2725 Twin oaks trail	Suite, Apt. #, etc.
City & State Fort Pierce FL 34945 St Lucie	City & State
Zip 34945 Country Saint Lucie	Zip Country

4. FEI Number ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MEYER, LAURA M
1980 S SPRING GARDEN AVE
DELAND FL 32720

7. Name and Address of New Registered Agent

Name Brenda Molinaro Pres

Street Address (P.O. Box Number is Not Acceptable)
2725 Twin oaks trail

City Fort Pierce FL Zip Code 34945

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 Brenda Molinaro Brenda Molinaro 8-1-00
Signature, (typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE
Brenda Molinaro

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Brenda Molinaro, T 2725 Twin oaks trail Fort Pierce FL 34945	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition T00000634107--4 -02/05/01--01158--001 *****61.25 *****61
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	vice president T Laura Meyer 1980 S Spring Garden Ave Deland FL 32720	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Joay Kisler 5681 NW Athens CT PSL FL 34986	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasure Pat Scoones T 5020 Tamiami trail North suite # 106 Naples FL 34103	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition KE

CR2E037 (5/00)

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: Laura M. Meyer Brenda Molinaro REQUIRED 8-1-00 (904) 736-2446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #