

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006194

1. Entity Name

WABASSO COMMUNITY OUTREACH CENTER, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90061 002 ****61.25

Principal Place of Business

Mailing Address

5834 S.E. MERCEDES AVENUE
 STUART FL 34997

5834 S.E. MERCEDES AVENUE
 STUART FL 34997-8429

2. Principal Place of Business

5834 S.E. Mercedes Ave
 Suite, Apt. #, etc.

3. Mailing Address

5834 S.E. Mercedes
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

STUART FL

City & State

STUART FL

4. FEI Number

EIN 65-0954446

Applied For

Not Applicable

Zip

34997

Country

US

Zip

34997

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

THORNE, JOHN
 5834 S.E. MERCEDES AVENUE
 STUART FL 34997

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 PD ☐ Delete
 NAME THORNE, JOHN
 STREET ADDRESS 5834 S.E. MERCEDES AVENUE
 CITY-ST-ZIP STUART FL 34997

TITLE SD ☐ Delete
 NAME HENRY, RITA
 STREET ADDRESS 150 HARRIS ROAD
 CITY-ST-ZIP SEBASTIAN FL 32958

TITLE TD ☐ Delete
 NAME SLAUGHTER, ROSE
 STREET ADDRESS 2550 IROQUOIS AVENUE
 CITY-ST-ZIP FORT PIERCE FL 34946

TITLE D ☐ Delete
 NAME CUMMINGS, JERRY
 STREET ADDRESS 6140 45TH STREET
 CITY-ST-ZIP VERO BEACH FL 32967

TITLE D ☐ Delete
 NAME MCINTOSH, BRUCE
 STREET ADDRESS POST OFFICE BOX 576 N/A
 CITY-ST-ZIP WABASSO FL 32970

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)