

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006194

1. Entity Name

WABASSO COMMUNITY OUTREACH CENTER, INC.

Principal Place of Business

5834 S.E. MERCEDES AVENUE
STUART FL 34997

Mailing Address

5834 S.E. MERCEDES AVENUE
STUART FL 34997

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

65-0954446

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

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

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

TITLE ~~SLAUGHTER, ROSE~~ ☐ Change ☐ Addition
NAME ~~1550 IROQUOIS AVE~~
STREET ADDRESS ~~FORT PIERCE FL 34946~~
CITY-ST-ZIP

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

TITLE NO CHANGE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

4-20-01 561-589-5641

CR2E037 (10/00)