

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 07, 2002 8:00 am**  
**Secretary of State**

6081812

**DOCUMENT # F99000006275**

1. Entity Name

**FAMILY PRESERVATION SERVICES OF S.C. INC.**

03-07-2002 90055 030 \*\*\*\*61.25

Principal Place of Business

Mailing Address

~~628 WOODROW STREET~~ **2303 Devine ST**  
 COLUMBIA SC 29205

~~628 WOODROW STREET~~ **2303 Devine St**  
 COLUMBIA SC 29205

**507020**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**2303 Devine St**

**2303 Devine St**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Columbia SC**

City & State

**Columbia SC**

4. FEI Number

**58-2323717**

Applied For

Not Applicable

Zip

**29205**

Country

**2**

Zip

**29205**

Country

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

**LOPEZ, ROSE M**

~~9800 BONITA BEACH ROAD~~ **311 2ND STREET**  
~~STE 212~~  
~~BONITA SPRING FL 34135~~ **FT PIERCE FL 34982**

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          | <b>C</b>                      | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>BARTHEL, MARIANNE L</b>    |  |
| STREET ADDRESS | <b>4208 VERNER STREET</b>     |  |
| CITY-ST-ZIP    | <b>COLUMBIA SC 29204</b>      |  |
| TITLE          | <b>D</b>                      | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>HOLLINGSWORTH, WILLIAM</b> |  |
| STREET ADDRESS | <b>418 HAMPTON TRACE</b>      |  |
| CITY-ST-ZIP    | <b>COLUMBIA SC 29209</b>      |  |
| TITLE          | <b>D</b>                      | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>DOWIS, KATRINA</b>         |  |
| STREET ADDRESS | <b>4108 LANTANA DRIVE</b>     |  |
| CITY-ST-ZIP    | <b>COLUMBIA SC 29205</b>      |  |
| TITLE          | <b>P</b>                      | <input type="checkbox"/> Delete            |
| NAME           | <b>LOPEZ, ROSE M</b>          |  |
| STREET ADDRESS | <b>4701 FERNWOOD ROAD</b>     |  |
| CITY-ST-ZIP    | <b>COLUMBIA SC 29206</b>      |  |
| TITLE          |                               | <input type="checkbox"/> Delete            |
| NAME           |                               |  |
| STREET ADDRESS |                               |  |
| CITY-ST-ZIP    |                               |  |
| TITLE          |                               | <input type="checkbox"/> Delete            |
| NAME           |                               |  |
| STREET ADDRESS |                               |  |
| CITY-ST-ZIP    |                               |  |

|                |                                |  |
|----------------|--------------------------------|--|
| TITLE          | <b>C</b>                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>CRAIG A NORRIS</b>          |  |
| STREET ADDRESS | <b>3302 BOURBON ST</b>         |  |
| CITY-ST-ZIP    | <b>FREDERICKSBURG VA 22408</b> |  |
| TITLE          | <b>D</b>                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Paul Downey</b>             |  |
| STREET ADDRESS | <b>2303 DEVINE ST</b>          |  |
| CITY-ST-ZIP    | <b>Columbia SC 29205</b>       |  |
| TITLE          | <b>S</b>                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>MICHAEL DEITCH</b>          |  |
| STREET ADDRESS | <b>620 N CRAVEROFT</b>         |  |
| CITY-ST-ZIP    | <b>TUCSON AZ 85711</b>         |  |
| 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    |                                |  |

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:

*[Handwritten Signature]*

**2/11/02**

**803-252-5545**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)