

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 704778

1. Entity Name

FLORIDA ASSOCIATION OF CHILD & FAMILY AGENCIES I

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90018 038 ****70.00

Principal Place of Business

Mailing Address

108 S MONROE ST
 SUITE 201
 TALLAHASSEE FL 32301

108 S MONROE ST
 SUITE 201
 TALLAHASSEE FL 32301-1584

2. Principal Place of Business

313 N. Monroe St # 2

3. Mailing Address

313 N Monroe St.

Suite, Apt. #, etc.

2

Suite, Apt. #, etc.

2

City & State

Tallahassee FL

City & State

Tallahassee, FL.

Zip

Country

32301

USA

Zip

Country

32301

USA

4. FEI Number

59-6152174

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

MOORE, SUSAN A
 2722 WATERFORD GLEN CT - error
 TALLAHASSEE FL 32211

Name

Susan A. Moore

Street Address (P.O. Box Number is Not Acceptable)

2722 Waterford Glen Ct.

City

Tallahassee

FL

Zip Code

32312

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

Susan A. Moore

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/7/2000

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 DP ☐ Delete
 NAME CARMICHEL, ALEX
 STREET ADDRESS 51 MAIN ST
 CITY-ST-ZIP ENTERPRISE FL 32725

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

TITLE DV ☐ Delete
 NAME DAVENPORT, MARY ANN
 STREET ADDRESS 8125 LAUREL HILL RD.
 CITY-ST-ZIP ORLANDO FL 32818

TITLE DV ☒ Change ☐ Addition
 NAME Shelley Katz
 STREET ADDRESS 605 NE 1st St H
 CITY-ST-ZIP Gainesville, FL. 32601

TITLE DS ☒ Delete
 NAME BRIEN, KIM
 STREET ADDRESS 8125 LAUREL HILL RD
 CITY-ST-ZIP ORLANDO FL 32818

TITLE DS ☒ Change ☐ Addition
 NAME Margie Bruszer
 STREET ADDRESS 3681 NW 59 Place
 CITY-ST-ZIP Coconut Creek, FL 33073

TITLE DT ☐ Delete
 NAME BRUSZER, MARGIE
 STREET ADDRESS 1015 SIKES BLVD
 CITY-ST-ZIP LAKELAND FL 33815

TITLE DT ☒ Change ☐ Addition
 NAME Mary Ann Davenport
 STREET ADDRESS 8125 Laurel Hill Rd
 CITY-ST-ZIP Orlando, FL 32818

TITLE DV ☒ Delete
 NAME MANNING, TOM
 STREET ADDRESS RT. 1 BOX 100
 CITY-ST-ZIP ALTOONA FL 32702

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/2000

850/561-1102

Date

Daytime Phone #

CR2E037 (9/99)