2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 719194

FILED
Jan 20, 2000 8:00 am
Secretary of State
01-20-2000 90244 024 ****70.00

1. Entity Name

FAMILY RESOURCES, INC.

Principal Place of Business	Mailing Address
5959 CENTRAL AVE. SUITE 200 ST. PETERSBURG FL 33710 US	P.O. BOX 13087 ST. PETERSBURG FL 33733-3087 US

DO NOT WRITE IN THIS SPACE

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 23-7146873 ☐ 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
HARPER, JANE L. 5959 CENTRAL AVENUE SUITE 200 ST. PETERSBURG FL 33710	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	O HARPER, JANE L. 5959 CENTRAL AVE STE 200 ST. PETERSBURG FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FITZ, DAVID A. 546 15TH AVE, NE ST. PETERSBURG FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROOK JOHN V. JR. 3214 9TH ST. NORTH ST. PETERSBURG FL 33704	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC J. MICHAEL KENNEDY PO BOX 14041 BB1A 100 CENTRAL AVENUE ST. PETERSBURG FL 33733 33701	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C CUNNINGHAM, MONICA L 100 2ND AVE N 3RD FLOOR CLEARWATER FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD TUTHILL, DOUG 2421 GREEN WAY SOUTH ST PETERSBURG FL 33712	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C	☒ Change. ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOWMAN, PAMELA J. 13350 US HWY 19 SOUTH CLEARWATER FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: JANE L. HARPER REQUIRED 1/11/00 727-530-4002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #