

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2001 8:00 am
Secretary of State

07-12-2001 90002 031 ***550.00

DOCUMENT # N00000006779

1. Entity Name
FAMILY RESTORATION, INC.

Principal Place of Business Mailing Address
4600 W CYPRESS ST. STE 465 **4600 W CYPRESS ST. STE 465**
TAMPA FL 33607 **TAMPA FL 33607**

77445



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3695167		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		Zip		Country	

6. Name and Address of Current Registered Agent.				7. Name and Address of New Registered Agent.					
NOVATT, JEFF M 2640 GOLDEN GATE PKWY, STE 115 NAPLES FL 34105				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

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	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TAYLOR-WALLER, JUDITH E			NAME			
STREET ADDRESS	903 S DELWARE AVE			STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33806			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OLGA MARTINEZ, SANTOS			NAME			
STREET ADDRESS	3001 47TH TERR SW, APT A			STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 34118			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOSEPH, CAHRENE			NAME			
STREET ADDRESS	2205 GREENBACK CIR, APT 206			STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 34112			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DEE, MEREDITH			NAME			
STREET ADDRESS	5150 SAND DOLLAR LN			STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 34103			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KREHLING, SARAH R			NAME			
STREET ADDRESS	136 FLAME VINE DR			STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 34110			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: Judith E Taylor Walker Date: 7-06-2001 Daytime Phone #: (813) 281-0123

CR2E037 (9/01)