

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 13, 2000 8:00 am**  
**Secretary of State**

09-13-2000 90024 046 \*\*\*\*68.75

**DOCUMENT # N47998**

1. Entity Name

**FLORIDA FAMILIES FIRST, INC.**

*P*

Principal Place of Business

220 CORAL SANDS DRIVE  
 ROCKLEDGE FL 32955  
 US

Mailing Address

220 CORAL SANDS DRIVE  
 ROCKLEDGE FL 32955  
 US

2. Principal Place of Business

**471 SPENCER DRIVE**

3. Mailing Address

**471 SPENCER DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**WEST PALM BEACH, FL**

City & State

**WEST PALM BEACH, FL**

4. FEI Number

**59-3153313**

Applied For

Not Applicable

Zip

**33409**

Country

**USA**

Zip

**33409**

Country

**USA**

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CALDWELL, ROBERT A.**  
**220 CORAL SANDS DRIVE**  
**ROCKLEDGE FL 32956**

7. Name and Address of New Registered Agent

Name **DORLA LESLIE**  
 Street Address (P.O. Box Number is Not Acceptable) **471 SPENCER DRIVE**  
 City **WEST PALM BEACH FL** Zip Code **33409**

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 *Dorla Leslie* - **DORLA LESLIE TREASURER**

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

(NOTE: Registered Agent signature required when reinstating)

**9/5/2000**  
 DATE

**FILE NOW: FEE IS \$61.25**

**After September 13, 2000 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

TITLE	VPD	<input type="checkbox"/> Delete
NAME	BERNSTEIN, MICHAEL A	
STREET ADDRESS	14041 ICOT BLVD	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WISE, SUZANNE GIBSON	
STREET ADDRESS	2960 ROOSEVELT BLVD	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CHAPMAN, ROSE	
STREET ADDRESS	1970 MAIN	
CITY-ST-ZIP	SARASOTA FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	KLEES, PHILIP S	
STREET ADDRESS	3050 BISCAYNE BLVD 8TH FLOOR	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE	PRESIDENT (CPD)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPMAN, ROSE	
STREET ADDRESS	1970 MAIN	
CITY-ST-ZIP	SARASOTA, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER (CPD)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DORLA LESLIE, DORLA	
STREET ADDRESS	471 SPENCER DRIVE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33409	
TITLE	SECRETARY (SB)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOM CRAWFORD	
STREET ADDRESS	3205 S. GATE CIRCLE	
CITY-ST-ZIP	SARASOTA FL 34239	

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: *Dorla Leslie* - **SIGNATURE REQUIRED - DORLA LESLIE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/11/00**  
 DATE

Daytime Phone #

CR2E037 (5/00)