

**2000 UNIFORM BUSINESS REPORT (UBR)**

4/

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90013 015 \*\*\*\*61.25

**DOCUMENT # N99000004832**

1. Entity Name

**NEIGHBORHOOD FAMILY CENTERS COALITION, INC.**

Principal Place of Business

Mailing Address

1002 NORTH GREENWOOD AVE.  
 CLEARWATER FL 33755

1002 NORTH GREENWOOD AVE.  
 CLEARWATER FL 33755-3324

2. Principal Place of Business

3. Mailing Address

1250 Holt Avenue  
 Suite, Apt. #, etc.

1250 Holt Avenue  
 Suite, Apt. #, etc.

City & State

City & State

Clearwater, FL

Clearwater, FL

Zip

Country

Zip

Country

33755

33755

4. FEI Number

59-3647540

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HABEEB-ULLAH, BILAL F  
 1002 NORTH GREENWOOD AVE.  
 CLEARWATER FL 33755

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	D	<input checked="" type="checkbox"/> Delete
NAME	HABEEB-ULLAH, BILAL F	
STREET ADDRESS	1002 NORTH GREENWOOD AVE.	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ARCHIE, DAVID	
STREET ADDRESS	401 E. MLK JR. DRIVE	
CITY-ST-ZIP	TARPOON SPRINGS FL 34689	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	AURAND, CHARON	
STREET ADDRESS	7525 83RD STREET NORTH	
CITY-ST-ZIP	SEMINOLE FL 33777	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHNEIDER, PAUL	
STREET ADDRESS	935 MAIN STREET, SUITE C-4	
CITY-ST-ZIP	SAFETY HARBOR, FL 34695	
TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEOPLES, TRACEY	
STREET ADDRESS	60-A SANDALWOOD DRIVE	
CITY-ST-ZIP	CLEARWATER, FL 33759	
TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALKER, JUDY	
STREET ADDRESS	918 WOODLAWN STREET	
CITY-ST-ZIP	CLEARWATER, FL 33756	
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:

*(Signature)* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00

Date

727-721-9222

Daytime Phone #

CR2E037 (9/99)