

**2000 UNIFORM BUSINESS REPORT (UBR)**

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

03-13-2000 90031 048 \*\*\*\*61.25

**DOCUMENT # N94000003585**

1. Entity Name

**FLORIDA FAMILY ASSOCIATION, INC.**

Principal Place of Business

~~12104 SHADY FOREST DR  
RIVERVIEW, FL 33569  
US~~

Mailing Address

~~12104 SHADY FOREST DR  
RIVERVIEW, FL 33569-5629  
US~~

2. Principal Place of Business

**623 Superior Avenue**

Suite, Apt. #, etc.

3. Mailing Address

**623 Superior Avenue**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Tampa FL**

City & State

**Tampa FL**

4. FEI Number

**59-3283890**

Applied For

Not Applicable

Zip

**33606**

Country

**USA**

Zip

**33606**

Country

**USA**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~BUCKLES, CHRISTINA  
12104 SHADY FOREST DR.  
TAMPA FL 33569~~

7. Name and Address of New Registered Agent

Name **Sandra Loughrie**

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

**623 Superior Avenue**

City

**Tampa**

FL

Zip Code

**33606**

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

*Sandra L. Loughrie* *Sandra Loughrie*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/8/00**

**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

TITLE  Delete  
NAME **PTD**  
**CATON, DAVID E**  
STREET ADDRESS **2407 SW 48TH ST**  
CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE  Delete  
NAME **SD**  
**LOUGHRIE, SANDRA L**  
STREET ADDRESS ~~**634 RIVIERA DRIVE**~~  
CITY-ST-ZIP ~~**TAMPA FL**~~

TITLE  Delete  
NAME **D**  
**RIGGS, ROBERT**  
STREET ADDRESS **18444 TANGLEWOOD DRIVE**  
CITY-ST-ZIP **WESLEY CHAPEL FL 33543**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS **623 Superior Avenue**  
CITY-ST-ZIP **Tampa, FL 33606**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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:

*David Caton* **David Caton President 03-03-00 813-264-5000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)