

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003585

1. Entity Name

FLORIDA FAMILY ASSOCIATION, INC.

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

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

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

(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 PTD ☐ Delete  
NAME CATON, DAVID E  
STREET ADDRESS 2407 SW 46TH ST  
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE SD ☐ Delete  
NAME LOUGHRIE, SANDRA L  
STREET ADDRESS 623 RIVIERA DRIVE  
CITY-ST-ZIP TAMPA FL

TITLE D ☐ Delete  
NAME 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 President 03-03-00 813-264-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)