

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000006071

1. Entity Name

NATIONAL FAMILY PARTNERSHIP, INC.

**FILED**  
May 07, 2001 8:00 am  
Secretary of State

05-07-2001 90033 011 \*\*\*\*\*70.00

0040384

Principal Place of Business

2490 CORAL WAY, SUITE 501  
MIAMI FL 33145

Mailing Address

2490 CORAL WAY, SUITE 501  
MIAMI FL 33145

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-1194748

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAPP, PEGGY B  
2490 CORAL WAY, SUITE 501  
MIAMI FL 33145

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
SAPP, PEGGY B  
2490 CORAL WAY, SUITE 501  
MIAMI FL 33145 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Dorothy Hudson  
Dorothy Hudson  
21 Laurie Circle  
Jackson, TN 38305 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
WIESER, JOSEPH A  
1704 MAYFLOWER ST.  
NEW HOLSTEIN WI 53061 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Dorothy Hudson  
Dorothy Hudson  
21 Laurie Circle  
Jackson, TN 38305 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
FLAD, BETTY  
4156 N.W. SALTZMAN RD.  
PORTLAND OR 97229 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Beverly Watts Davis  
2803 E Commerce  
San Antonio, TX 78203 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
WALTER, TIMM  
1401 S. HANLEY RD.  
BRENTWOOD MO 63144 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Judy Cushing  
9320 SW Barbur Blvd. Ste 340  
Portland, OR 97219 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GEORGES, AUCIA  
836 TILDEN STREET 4-D  
BRONX NY 10476 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Janice Ford Griffin  
441 Stuart St. 7th Floor  
Boston, MA 02116 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CASH, TOM  
1200 BRICKELL AVE., 20TH FLOOR  
MIAMI FL 33131 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Janice Ford Griffin  
441 Stuart St. 7th Floor  
Boston, MA 02116 ☐ Change ☒ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.25.04

Date

305-866-4886

Daytime Phone #

CR2E037 (10/00)