

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

0079156

DOCUMENT # N94000003585
 1. Entity Name
FLORIDA FAMILY ASSOCIATION, INC.

03-29-2002 90825 041 ****61.25

Principal Place of Business Mailing Address
12108 NORTH 56TH STREET **P. O. BOX 46547**
SUITE 1 **TAMPA FL 33647**
TAMPA FL 33904 **US**
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number Applied For
59-3283890 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CATON, DAVID
12108 NORTH 56TH STREET
SUITE 1
TAMPA FL 33617

7. Name and Address of New Registered Agent
 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 **\$5.00** May Be Added to Fees
 Trust Fund Contribution.

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CATON, DAVID E <input checked="" type="checkbox"/> Delete 2407 SW 46TH ST CAPE CORAL FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete LOUGHRIE, SANDRA L 623 SUPERIOR AVE TAMPA FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete RIGGS, ROBERT 18444 TANGLEWOOD DRIVE WESLEY CHAPEL FL 33543
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Caton, David E 10020 Oxford Chapel Drive Tampa, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]* **REQUIRED** **Caton, Director** **March 20, 2002**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)