

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0000692

DOCUMENT # 743793

1. Entity Name

FAM-CO LEARNING AND DEVELOPMENT, INC.



FILED

03 MAY 16 PM 2:54

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business

8671 LEM TURNER RD.  
JACKSONVILLE FL 32208

Mailing Address

8671 LEM TURNER RD.  
JACKSONVILLE FL 32208

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Jacksonville, Fla.

City & State

4. FEI Number 59-1867609

Applied For

Not Applicable

Zip  
32208

Country  
USA

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, ISIAH  
6172 PETTI FORD DR WEST  
JACKSONVILLE FL 32209

7. Name and Address of New Registered Agent

Name Rhonda Silver

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

1740 Parkwood St.

City Jacksonville

FL

Zip Code 32207

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Rhonda Silver*

5-16-2003

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  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, ISIAH	
STREET ADDRESS	6172 PETTI FORD DR	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	BROOKS, CLARETHA	
STREET ADDRESS	1400 LE BARON AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HENDRICH, PAUL	
STREET ADDRESS	7555 BEACH BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SILVER, RHONDA	
STREET ADDRESS	1740 PARKWOOD ST	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PARKER, AVA	
STREET ADDRESS	101 E UNION STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Silver, Rhonda	
STREET ADDRESS	1740 Parkwood St.	
CITY-ST-ZIP	Jacksonville, Fla. 32207	
TITLE	DI	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Williams, Lee Edwa	
STREET ADDRESS	4003 Spires Avenue	
CITY-ST-ZIP	Jacksonville, Fla. 32209	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Haywood, Nelson	
STREET ADDRESS	Jacksonville, Fla. 3220	
CITY-ST-ZIP	1740 Parkwood St.	
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:

*Rhonda Silver*

5-16-2003

CR2E037 (10/02)