

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90012 033 ****61.25

DOCUMENT # 702244

1. Entity Name

FAMILY SERVICE AGENCY INC

Principal Place of Business

**3830 SW 2ND CT
 FT LAUDERDALE FL 33312**

Mailing Address

**3830 SW 2ND CT
 FT LAUDERDALE FL 33312-1855**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0824455

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

**WALLIN, BRUCE C.
 3830 SW 2ND CT
 FT. LAUDERDALE FL 33312**

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
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **CD** ☒ Delete
 NAME **HENRY, JUDITH**
 STREET ADDRESS **11917 N.W. 24TH ST**
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **VCD** ☐ Delete
 NAME **COBB, JULIE**
 STREET ADDRESS **3100 N OCEAN BLVD, #1202**
 CITY-ST-ZIP **FT LAUDERDALE FL 33308**

TITLE **TD** ☐ Delete
 NAME **CLARKSON, JOANNA**
 STREET ADDRESS **2855 NE 60TH ST**
 CITY-ST-ZIP **FT LAUDERDALE FL 33308**

TITLE **PD** ☐ Delete
 NAME **WALLIN, BRUCE C**
 STREET ADDRESS **1431 NE 17TH AVE**
 CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **SD** ☐ Delete
 NAME **BIERMAN, CATHY**
 STREET ADDRESS **1251 S.W. 68TH AVE**
 CITY-ST-ZIP **PLANTATION FL 33317**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CD** ☒ Change ☐ Add
 NAME **COBB, JULIE**
 STREET ADDRESS **3100 N. OCEAN BLVD. #1202**
 CITY-ST-ZIP **FORT LAUDERDALE, FL 33308**

TITLE **VCD** ☒ Change ☐ Addition
 NAME **BIERMAN, CATHY**
 STREET ADDRESS **1251 S.W. 68TH AVE**
 CITY-ST-ZIP **PLANTATION, FL 33317**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **SD GAIL CHOATE**
 STREET ADDRESS **4821 N.E. 29TH AVE**
 CITY-ST-ZIP **PORT LAUDERDALE, FL 33308**

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: *Bruce Wallin* **BRUCE C WALLIN/PRESIDENT-CEO 1/21/00 (954) 587-7880**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #