

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State
 04-04-2001 90023 031 ****61.25

0040243

DOCUMENT # 702244

1. Entity Name

FAMILY SERVICE AGENCY INC

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

3347 N. UNIVERSITY DR.

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

N/A

City & State

City & State

DAVIE, FLORIDA

Zip

Country

Zip

Country

33024

BROWARD

4. FEI Number

59-0824455

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

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

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
**CD
 COBB, JULIE
 3100 N OCEAN BLVD 1202
 FORT LAUDERDALE FL 33308** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VCD
 BIERMAN, CATHY
 1251 SW 68TH AVE
 PLANTATION FL 33317** ☒ Delete

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

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**Harold Hancock
 3003 Terramar St, 801
 Ft. Lauderdale, FL 33304** ☒ Change ☐ Addition

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

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**SD
 CHOATE, GAIL
 4821 NE 29TH AVE
 FORT LAUDERDALE FL 33308** ☒ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ 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:

BRUCE C. WALLIN PRESIDENT/CEO

3/19/01

954-587-7880

CR2E037 (10/00)