

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2002 8:00 am
Secretary of State

03-22-2002 90030 007 ****61.25

DOCUMENT # 702244

1. Entity Name

FAMILY SERVICE AGENCY INC

Principal Place of Business

Mailing Address

**3347 N UNIVERSITY DR
 DAVIE FL 33024**

**3347 N UNIVERSITY DR
 DAVIE FL 33024**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

WALLIN, BRUCE C.

**3347 North University Drive
 Davie, Florida 33024**

Name

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

City

FL

Zip Code

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 **CD** ☒ Delete
 NAME **COBB, JULIE**
 STREET ADDRESS **3100 N OCEAN BLVD 1202**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE **CD** ☐ Change ☒ Addition
 NAME **SHARON ATTAS KAPLAN**
 STREET ADDRESS **FISHER & PHILLIPS, ONE FINANCIAL PLAZA**
 CITY-ST-ZIP **FORT LAUDERDALE, FL 33394**

TITLE **TD** ☐ Delete
 NAME **HANCOCK, HAROLD**
 STREET ADDRESS **3003 TERRAMAN ST 801**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33304**

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

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☐ Change ☒ Addition
 NAME **MICHELE HAWKINS**
 STREET ADDRESS **5550 NE 26th AVENUE**
 CITY-ST-ZIP **FORT LAUDERDALE, FL 33308**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 secretary 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 information.

SIGNATURE:

SIGNATURE REQUIRED

2/28/02

CR2E037 (9/01)