

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 704778

1. Entity Name

FLORIDA ASSOCIATION OF CHILD & FAMILY AGENCIES I

Principal Place of Business

Mailing Address

313 N MONROE ST #2  
TALLAHASSEE FL 32301

313 N MONROE ST #2  
TALLAHASSEE FL 32301

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

59-6152174

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

MOORE, SUSAN A  
2722 WALER FORD GLEN CT  
TALLAHASSEE FL 32312

Name

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

2722 Waterford Glen Court

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
CARMCHEL, ALEX  
51 MAIN ST  
ENTERPRISE FL 32725 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
Roger Bouchard  
Florida Sheriffs Youth Ranches  
Boys Ranch, FL 32064 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DV  
KATZ, SHELLEY  
605 NE 1ST STE H  
GAINESVILLE FL 32601 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DV  
Rob Brown  
2354 University Blvd., N.  
Jacksonville, FL 32211 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS  
BRUSZER, MARGIE  
8125 LAUREL HILL RD  
ORLANDO FL 32818 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DT  
DAVENPORT, MARY ANN  
8125 LAUREL HILL RD  
ORLANDO FL 32818 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DT  
Charlie Cox  
7748 SW 95th Terrace  
Miami, FL 33156 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
  
  
  
  
☐ 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:

*SUSAN A. MOORE*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan A. Moore 4/24/01

Date

Daytime Phone #

FILED  
Apr 30, 2001 8:00 am  
Secretary of State  
04-30-2001 90004 040 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)