

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 743672

1. Entity Name

The Family Source of Florida, Inc.

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90069 013 ****70.00

A0050239

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
433 N. Magnolia Drive 433 N. Magnolia Drive
Tallahassee, FL 32308 Tallahassee, FL 32308
US US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1944924

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

7. Name and Address of New Registered Agent

Rajack, Tracey
433 N. Magnolia Drive
Tallahassee, FL 32308

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Meincke, Stephanie 433 N. Magnolia Drive Tallahassee, FL 32308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Allen, Mason PO Box 1288 Mt. Dora, FL 32756	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Barnes, Tom PO Box 290 Gainesville, FL 32602-0290	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Gregg, Suzette 15173 71st Drive North Palm Beach Gardens, FL 33418	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Daughton, Maureen M. 1500 Mahan Dr., Ste. 200 Tallahassee, FL 32308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Batchelor, Dick 201 S. Orange Ave., Ste. 1017 Orlando, FL 32804	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

TRACEY RAJACK, VICE PRESIDENT 4/3/01 408-5437

CR2E037 (11/00)

OFFICERS AND DIRECTORS (cont'd)

D
Johnson, Vicki
7718 Twin Pines Court
Orlando, FL 32819

D
Peck, Emillie F.
633 Tuscarora Trail
Maitland, FL 32751

D
Reed, Paul
2203 North Lois Ave., Ste. M-200
Tampa, FL 33607-5286

D
Simon, Julie T.
1806 Park Lake Street
Orlando, FL 32803

D
Goldman, Harvey
200 S. Biscayne Blvd., Ste. 4000
Miami, FL 33131-2398

D
Stein, Fran
5849 NW 122nd Drive
Coral Springs, FL 33076

Attachment
AW 50239
DH 743672