

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 04, 2002 8:00 am
Secretary of State

07-04-2002 90549 028 ****70.00

DOCUMENT # 743672

1. Entity Name

The Family Source of Florida, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

433 N. Magnolia Dr.

Suite, Apt. #, etc.

3. Mailing Address

433 N. Magnolia Dr.

Suite, Apt. #, etc.

80127071

DO NOT WRITE IN THIS SPACE

City & State
Tallahassee, FL

City & State
Tallahassee, FL

4. FEI Number
59-1944924

Applied For
Not Applicable

Zip
32308

Country
USA

Zip
32308

Country
USA

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Tracey Rajack

Street Address (P.O. Box Number is Not Acceptable)
433 N. Magnolia Drive

City
Tallahassee FL Zip Code
32308

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

FEE IS \$61.25
Initial or Amended UBR

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
Rajack, Tracey
433 N. Magnolia Drive
Tallahassee, FL 32308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
Barnes, Tom
1000 N.E. 16th Avenue
Gainesville, FL 32601

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
Reed, Paul
14308 Kellingrew Place
Tampa, FL 33624

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
Daughton, Maureen
1500 Mahan Drive, Sk. 200
Tallahassee, FL 32308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
Skin, Fran
5849 NW 122nd Drive
Coral Springs, FL 33076

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Goldman, Harvey
701 Brickell Avenue
Miami, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 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 #

CR2E037B (12/01)

Attachment
Doc #
743672

80127071

D
Reilly, Denise
11824 Lancashire Drive
Tampa, FL 33626

D
Lane, Holly
506 SW 21st Avenue
Gainesville, FL 32601

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

D
Cruse, Lenelle
8219 Chester Lake Rd. N.
Jacksonville, FL 32256