

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 14, 2000 8:00 am**  
**Secretary of State**

04-14-2000 90096 048 \*\*\*150.00

**C0061503**



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 838399**

1. Entity Name  
**FAMILY CENTER, INC.**

Principal Place of Business <b>PARAGON DRIVE          TAX DEPARTMENT          NJ 07645</b>	Mailing Address <b>2 PARAGON DRIVE          ATTN: TAX DEPARTMENT          MONTVALE NJ 07645-1718</b>
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2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>22-2121119</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
<b>UNITED STATES CORPORATION COMPANY          1201 HAYS STREET          SUITE 105          TALLAHASSEE FL 32301</b>				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				<b>FL</b>		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>PRES</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>Pres</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DICKSON GLENN</b>		NAME	<b>Leonard Francis X</b>	
STREET ADDRESS	<b>2 PARAGON DR</b>		STREET ADDRESS	<b>2 Paragon Drive</b>	
CITY-ST-ZIP	<b>MONTVALE NE 07645</b>		CITY-ST-ZIP	<b>Montvale, NJ 07645</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CORRADO, FRED</b>		NAME		
STREET ADDRESS	<b>2 PARAGON DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MONTVALE NJ</b>		CITY-ST-ZIP		
TITLE	<b>AS</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ULRICH, ROBERT G.</b>		NAME		
STREET ADDRESS	<b>2 PARAGON DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MONTVALE NJ</b>		CITY-ST-ZIP		
TITLE	<b>V</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COURTNEY, TIMOTHY J.</b>		NAME		
STREET ADDRESS	<b>2 PARAGON DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MONTVALE NJ</b>		CITY-ST-ZIP		
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HART, NED</b>		NAME	<b>Scola Richard</b>	
STREET ADDRESS	<b>2 PARAGON DR</b>		STREET ADDRESS	<b>2 Paragon Drive</b>	
CITY-ST-ZIP	<b>MONTVALE NJ</b>		CITY-ST-ZIP	<b>Montvale NJ</b>	
TITLE	<b>ST</b>	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MURTHA, RICHARD</b>		NAME		
STREET ADDRESS	<b>2 PARAGON DR.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MONTVALE NJ</b>		CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED (Handwritten signature) DATE: **4/7/00** DAYTIME PHONE #: **(201) 573-0700**

CR2E034 (9/99)