

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 838399

1. Entity Name

FAMILY CENTER, INC.

Principal Place of Business

2 PARAGON DRIVE  
ATTN: TAX DEPARTMENT  
MONTVALE NJ 07645

Mailing Address

2 PARAGON DRIVE  
ATTN: TAX DEPARTMENT  
MONTVALE NJ 07645

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 22-2121119

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

UNITED STATES CORPORATION COMPANY  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

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

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, 2001 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 NAME PRES  
STREET ADDRESS LEONARD, FRANCIS X  
CITY-ST-ZIP 2 PARAGON DRIVE  
MONTVALE NE 07645 ☐ Delete

TITLE NAME V  
STREET ADDRESS CORRADO, FRED  
CITY-ST-ZIP 2 PARAGON DR  
MONTVALE NJ ☒ Delete

TITLE NAME AS  
STREET ADDRESS ULRICH, ROBERT G.  
CITY-ST-ZIP 2 PARAGON DR  
MONTVALE NJ ☒ Delete

TITLE NAME V  
STREET ADDRESS COURTNEY, TIMOTHY J.  
CITY-ST-ZIP 2 PARAGON DR  
MONTVALE NJ ☐ Delete

TITLE NAME V  
STREET ADDRESS SCOLA, RICHARD  
CITY-ST-ZIP 2 PARAGON DR  
MONTVALE NJ ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE NAME VAS  
STREET ADDRESS Richard J. Scola  
CITY-ST-ZIP 2 Paragon Dr  
Montvale, NJ ☒ Change ☐ Addition

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

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy J Courtney

1-24-01

201-57309700

Date

Daytime Phone #

CR2E034 (10/00)

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90023 049 \*\*\*150.00

910902



DO NOT WRITE IN THIS SPACE