2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000006071

FILED
Jul 18, 2000 8:00 am
Secretary of State
07-18-2000 90017 030 ****70.00

1. Entity Name

NATIONAL FAMILY PARTNERSHIP, INC.

Principal Place of Business	Mailing Address
2490 CORAL WAY. SUITE 501 MIAMI FL 33145	2490 CORAL WAY. SUITE 501 MIAMI FL 33145

DO NOT WRITE IN THIS SPACE

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 52-1194748 ☐ 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
SAPP, PEGGY B 2490 CORAL WAY, SUITE 501 MIAMI FL 33145	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
After September 13, 2000 min. will be $236.25

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 SAPP, PEGGY B 2490 CORAL WAY, SUITE 501 MIAMI FL 33145	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Dorothy Hudson Dorothy Hudson P.O. Box 3023 Jacksonville, TN 38305	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WIESER, JOSEPH A 1704 MAYFLOWER ST. NEW HOLSTEIN WI 53061	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Judy Cushing 9320 SW Barbur Blvd., Suite 340 Portland, OR 97219	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FLAD; BETTY 4156 N.W. SALTZMAN RD. PORTLAND OR 97229	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Alicia Georges 836 Tilden St., 4-D Bronx, NY 10476	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WALTER, TIMM 1401 S. HANLEY RD. BRENTWOOD MO 63144	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V LAGERLOF, JOAN 48 ATRAYENTE WAY HOT SPRINGS VILLAGE AR 71909	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CASH, TOM 1200 BRICKELL AVE., 20TH FLOOR MIAMI FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2EO17 (1/00)

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 #