

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91162 027 \*\*\*158.75

DOCUMENT # J22183

1. Entity Name

ALTERNATE FAMILY CARE, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

10001 W. Oakland Park Blvd.

Suite, Apt. #, etc.

Suite 302

City & State

Sunrise, FL

Zip

33351

Country

Broward

3. Mailing Address

10001 W. Oakland Park Blvd.

Suite, Apt. #, etc.

Suite 302

City & State

Sunrise, FL

Zip

33351

Country

Broward

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2708404

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

GLASER, GENE K.

Street Address (P.O. Box Number is Not Acceptable)

2021 TYLER ST.

City

HOLLYWOOD

FL

Zip Code

33020

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's 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)



January 1 - May 1: Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

PD

FERGUSON, DAVID

7340 S.W. 18TH ST.

Plantation, FL 33317

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

ST

SIMON, RONALD

10540 LAREINA ROAD

DELRAY BEACH, FL 33446

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 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 #

CR2E034B (12/01)