2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State
01-25-2000 90111 030 ***150.00

DOCUMENT # J90345

1. Entity Name

FAMILY DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
2033 MAIN STREET STE 303 SARASOTA FL 34237 US	2033 MAIN STREET SUITE 303 SARASOTA FL 34237-6049 US

000009021

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 65-0004324 ☐ 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
SABA, RICHARD D. 2033 MAIN STREET STE 303 SARASOTA FL 34237	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D O'REILLY, CHRISTINE 5482 STILLWATER AVE. WESTERVILLE OH	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRANGER Kelly A. 6506 Cobblers TR MiddleTown OH 45044	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GRANGER, PAUL F. 5008 INVERNESS DR SARASOTA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRANGER PAUL A. 383 BelleFontaine Ave MARION OH 43302	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRANGER, KEVIN K. 391 FALL RIVER DRIVE REYNOLDSBURG OH	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRANGE BRADLEY J. 91 GRAND AVE MARYSVILLE OH 43040	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GRANGER, KATHLEEN 5008 INVERNESS DR SARASOTA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRANGE MARTIN A. 1482 CLOVENSTONE DR WORTHINGTON OH 43085	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BALLINGER, TERESA L. 1110 PINERIDGE DRIVE MARION OH	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRANGER, JEFFREY F. 203 W ROSELAWN DR LOGANSPORT IN	☐ Delete	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: PAUL F GRANGER Paul F Granger Pres 1-19-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 941-351-1411