

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2002 8:00 am
Secretary of State

03-22-2002 90021 014 ***150.00

DOCUMENT # J90345

1. Entity Name

FAMILY DEVELOPMENT, INC.

Principal Place of Business

**2033 MAIN STREET
 STE 303
 SARASOTA FL 34237
 US**

Mailing Address

**2033 MAIN STREET
 SUITE 303
 SARASOTA FL 34237
 US**

80046287



2. Principal Place of Business

**✓ 2033 Main St.
 Suite, Apt. #, etc.
 303**

3. Mailing Address

**✓ 2999 Laurel Wind Blvd
 Suite, Apt. #, etc.**

DO NOT WRITE IN THIS SPACE

City & State

Sarasota FL

City & State

Lewis Center OH

4. FEI Number

65-0004324

Applied For

Not Applicable

Zip

34237

Country

U.S.A.

Zip

43035

Country

USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SABA, RICHARD D.
 2033 MAIN STREET
 STE 303
 SARASOTA FL 34237**

7. Name and Address of New Registered Agent

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, 2002 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

TITLE **D** ☐ Delete
 NAME **O'REILLY, CHRISTINE**
 STREET ADDRESS **5519 BELLEVUE PL Bellevue Pl**
 CITY-ST-ZIP **WESTERVILLE OH 43082**

TITLE **P** ☐ Delete
 NAME **GRANGER, PAUL F.**
 STREET ADDRESS **2999 LAUREL WIND BLVD Laurel**
 CITY-ST-ZIP **LEWIS CENTER OH 43035**

TITLE **D** ☐ Delete
 NAME **GRANGER, KEVIN K.**
 STREET ADDRESS **391 FALL RIVER DRIVE**
 CITY-ST-ZIP **REYNOLDSBURG OH 43068**

TITLE **S** ☐ Delete
 NAME **GRANGER, KATHLEEN**
 STREET ADDRESS **2999 LAUREL WIND BLVD**
 CITY-ST-ZIP **LEWIS CENTER OH 43035**

TITLE **D** ☐ Delete
 NAME **BALLINGER, TERESA L.**
 STREET ADDRESS **1110 PINERIDGE DRIVE**
 CITY-ST-ZIP **MARION OH 43302**

TITLE **D** ☐ Delete
 NAME **GRANGER, JEFFREY F.**
 STREET ADDRESS **203 W ROSELAWN DR**
 CITY-ST-ZIP **LOGANSPOUT IN 46947**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☐ Addition
 NAME **PAULA GRANGER**
 STREET ADDRESS **383 BELLE FOUNTAIN AVE**
 CITY-ST-ZIP **MARION OH 43302**

TITLE **D** ☐ Change ☐ Addition
 NAME **Kelly Granger**
 STREET ADDRESS **6506 Cobblers Tr**
 CITY-ST-ZIP **Middletown OH 45044**

TITLE **D** ☐ Change ☐ Addition
 NAME **Bradley Granger**
 STREET ADDRESS **246 Dogwood Dr**
 CITY-ST-ZIP **Delaware OH 43015**

TITLE **D** ☐ Change ☐ Addition
 NAME **MARTIN GRANGER**
 STREET ADDRESS **1452 CLOUENSTONE DR**
 CITY-ST-ZIP **WORTHINGTON OH 43085**

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)