

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-07-2003 90104 013 ***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
**2999 LAUREL WIND BLVD
LEWIS CENTER OH 43035
US**

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~~

**PAUL GRANGER
c/o MARIE ZIMMER
3556 KILLARNEY PLZ DR
TALLAHASSEE FL 32309**

Name **Paul F. Granger**
Street Address (P.O. Box Number is Not Acceptable)

City **Lebanon Ohio** Zip Code **45035**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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

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

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

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

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

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

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 607, 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

Paul F. Granger **3-24-03**
740-657-8460

Date

Daytime Phone #

CR2E034 (10/02)