

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M79945

1. Entity Name

FAMILY GROWTH AND DEVELOPMENT, JOSEPH A. MACCARR

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90069 015 ***150.00

Principal Place of Business

1375 S SEMORAN BLVD
1311
WINTER PARK FL 32792
US

Mailing Address

1375 S SEMORAN BLVD
1311
WINTER PARK FL 32792-5513
US

B0001036



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1025 So Semoran Blvd
Suite, Apt. #, etc.
1093

3. Mailing Address

Same

City & State
Winter Park, FL

City & State

4. FEI Number 59-2907121

Applied For
Not Applicable

Zip 32792 Country USA

Zip Country

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

MACCARRONE, JOSEPH A.
1375 S SEMORAN BLVD.
SUITE 1311
WINTER PARK FL 32792

Name

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

1025 So Semoran Blvd
#1093

City Winter Park FL Zip Code 32792

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

1/6/00

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 PST
NAME MACCARRONE, JOSEPH A.
STREET ADDRESS 1025 S. SEMORAN BLVD #1093
CITY-ST-ZIP WINTER PARK FL 32792 ☐ Delete

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

TITLE VD
NAME MACCARRONE, JOSEPH A.
STREET ADDRESS 1025 S. SEMORAN BLVD #1093
CITY-ST-ZIP WINTER PARK FL 32792 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ 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:

NOT REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/6/00

Daytime Phone #

CR2E034 (9/99)