

2001 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
May 24, 2001 8:00 am
Secretary of State

05-02-2001 90144 003 ****61.25

DOCUMENT # N00000000138

1. Entry Name

FERTILITY CENTER FUNDING, INC.

Principal Place of Business

5684 BEE RIDGE RD., STE. 103
 SARASOTA FL 34233

Mailing Address

P.O. BOX 7714
 CLEARWATER FL 33758-7714

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3700740

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SHEAR, ROBERT L
 2790 SUNSET POINT RD.
 CLEARWATER FL 33759

7. Name and Address of New Registered Agent

Name Diana M. Griffith

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

3162 Mildred Drive

City Palm Harbor

FL

Zip Code
 34684

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

Diana M. Griffith Diana M. Griffith, President

4/26/01

Signature, typed or printed name of registered agent and agent applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PABON, JULIO E	
STREET ADDRESS	5684 BEE RIDGE RD., STE. 103	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	D	<input type="checkbox"/> Delete
NAME	PABON, VERNEDA	
STREET ADDRESS	5684 BEE RIDGE RD., STE. 103	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRIFFITH, DIANA M	
STREET ADDRESS	3162 MILDRED DR.	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	Kevin L. Griffith	<input type="checkbox"/> Delete
NAME	3162 Mildred Drive	
STREET ADDRESS	Palm Harbor, FL 34684	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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:

Diana M. Griffith Diana M. Griffith, President

4/26/01

727-446-1656

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date

Daytime Phone #

Diana M. Griffith

CR2E037 (10/00)