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## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Feb 22, 2001 8:00 am Secretary of State DOCUMENT # N0000003723 1. Entity Name FAMILY SERVICE, INC. 02-22-2001 90001 028 \*\*\*\*70.00 Principal Place of Business Mailing Address 2960 ROOSEVELT BLVD 2960 ROOSEVELT BLVD CLEARWATER FL 33760 CLEARWATER FL 33760 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent >> >-Name Street Address (P.O. Box Number is Not Acceptable) GIBSON WISE, SUZANNE 2960 ROOSEVELT BLVD CLEARWATER FL 33760 Zip Code FL 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) FILE NOW: 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition TIT) F TITLE ☐ Delete ☐ Change Skalski, Joseph NAME BRENNAN, MARY NAME 14010 Roosevelt Blvd.#708 STREET ADDRESS STREET ADDRESS 5827 72ND AVE N Clearwater, FL 33762 CITY-ST-ZIP CITY-ST-ZIP PINELLAS PARK FL 33781 Chair Elect TITLE ☐ Delete TITLE Change **Z** Addition Wiseman, Marcia NAME GREENE, MARCUS W NAME .PO Box::210 STREET ADDRESS STREET ADDRESS 8461 125TH CT N CITY-ST-ZIP CITY-ST-ZIP Chearwater, FL -33,757-02-10-SEMINOLE FL-33776 TD Addition TITLE TITLE ☐ Delete NAME HAYWARD, BETTY NAME Newsome, Larry STREET ADDRESS STREET ADDRESS 5234 DR. M.L. KING ST S 450 Carillon Parkway #200 CITY-ST-ZIP CITY-ST-ZIP 33716 ST PETERSBURG FL 33705 St. Petersburg, FL TITLE ☐ Delete ☐ Addition NAME Jackson, Doretha S STREET ADDRESS STREET ADDRESS 1015 10TH AVE N CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33705 ☐ Delete TITLE ☐ Change ☐ Addition NAME LERNER, UNDA S NAME STREET ADDRESS STREET ADDRESS 8022 OAK FOREST BLVD W CITY-ST-ZIP CITY-ST-ZIP SEMNIOLE FL 33776 Delete TITLE TITLE ☐ Addition ☐ Change NAME DRAUGHON, WALTER D III NAME STREET ADDRESS STREET ADDRESS 1900 GANDY BLVD N CITY-ST-ZIP ST PETERSBURG FL 33702 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: SIGNATURE IN TYPED OR PRINTEDNAME OF SIGNING OFFICER OR DIRECTOR Date