

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000003798**

1. Entity Name

THE FAMILY CENTER OF LAKE LAND, INC.

Principal Place of Business

**5125 CAMBRY LANE
LAKE LAND FL 33805**

Mailing Address

**5125 CAMBRY LANE
LAKE LAND FL 33805**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**YOUNG, JAMES B REV.
5125 CAMBRY LANE
LAKE LAND FL 33805**

4. FEI Number

59-3677219

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75 Additional
Fee Required**

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

**FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25**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** ☐ Delete**YOUNG, JAMES B REV.
5125 CAMBRY LANE
LAKE LAND FL 33805**TITLE **D** ☐ Delete**YOUNG, CHRISTINE S REV.
5125 CAMBRY LANE
LAKE LAND FL 33805**TITLE **D** ☒ Delete**HAYES, JOE B DR.
1532 IRVING ST.
SHREVEPORT LA 71101**TITLE ☐ Delete**NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE ☐ Delete**NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE ☐ Delete**NAME
STREET ADDRESS
CITY-ST-ZIP**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

JAMES B YOUNG JUL 20, 2001 (863) 815-4325**FILED
Sep 06, 2001 8:00 am
Secretary of State**

09-06-2001 90010 013 ****61.25

DUPLICATE



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)