

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90871 003 \*\*\*\*61.25

DOCUMENT # **NDL000006570**

1. Entity Name

**FLORIDA FAMILIES UNITED, Inc.**

**755498**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**1485 S SEMORAN BLVD**

Suite, Apt. #, etc.

**Suite 1448**

City & State

**Winter Park, FL**

Zip

**32792**

Country

**US**

3. Mailing Address

**1485 S SEMORAN BLVD**

Suite, Apt. #, etc.

**Suite 1448**

City & State

**Winter Park, FL**

Zip

**32792**

Country

**US**

DO NOT WRITE IN THIS SPACE

4. FEI Number

**02-0545137**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name

**DAVID MATTICE**

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

**3027 SAN DIEGO ROAD**

City

**JACKSONVILLE**

FL

Zip Code

**32207**

**DO NOT WRITE  
IN THIS SPACE**

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]*

Signature typical or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when re-stating)

**3/20/02**

DATE

**FEE IS \$61.25**  
Initial or Amended UBR

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 NAME STREET ADDRESS CITY-ST-ZIP	Director <b>David BUNDY</b> <b>1485 S Semoran Blvd, STE 1448</b> <b>Winter Park, FL 32792</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <b>David Mattice</b> <b>1485 S Semoran Blvd, STE 1448</b> <b>Winter Park, FL 32792</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <b>JAMES PATRICK</b> <b>1485 S SEMORAN BLVD, STE 1448</b> <b>Winter Park, FL 32792</b>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/20/02**

Date

**908-348-2140**

Daytime Phone #

CR2E037B (12/01)