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

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

DOCUMENT # NOLDOOOD 6570				04-02-2002 90871 003 ****61.25	
1. Entity Name				}	
FLORIDA FAMILIES UNITED, Inc.					
				755498	
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 3. Mailing Address		0	. *		
Suite, Apt. #, etc. Suite, Apt. #, e		1485 S Semo Suite, Apt. #, etc.	RAN BUS	DO NOT WRITE IN THIS SP	PACE
Soire 1448 City & State		Suite 1448 City & State			
WINTER PARK, FL		Winter Park, FL		02-0545137	Applied For Not Applicable
^{Zip} 327	Country	Zip 32792	Country	5. Cedificate of Status Desired	8.75 Additional ee Required
				7. Name and Address of Current Registered A	
Name Day				VID MATTICE	
DO NOT WRITE			Street Address	Streel Address (P.O. Box Number is Not Acceptable) 3027 SAN DIEGO ROAD	
IN THIS SPACE				A I SAID DIESO IGOAD	
City Jac				cksonville FL	Zip Code 32207
8. The above	named entity submits this statement for	r the purpose of changing its r		red agent, or both, in the state of Florida.	
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SIGNATURE Signary of Special or president of the Signary of the Si					
4-04-5					***
		W1828/8999999	· · · · · · · · · · · · · · · · · · ·	\$5.00 May Be Added to Fees Make Check Department	24 - 5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
10.	Initial or Amended UBR OFFICERS AND DIR	Trust Fund Co	· · · · · · · · · · · · · · · · · · ·	The contract of the contract o	24 - 5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
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	Initial or Amended UBR OFFICERS AND DIR Directore David BUNDY	Trust Fund Co	ontribution.	The contract of the contract o	24 - 5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
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TITLE NAME STREET ADDRESS CITY-ST-ZIP STILE	Initial or Amended UBR OFFICERS AND DIR Director Danie BUNDY 1485 S Semeran Blue Winter Park, FL 3: Director	Trust Fund Co	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	The contract of the contract o	24 - 5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
TITLE NAME STREET ADDRESS CITY-ST-ZIP SITLE NAME	Director Winter Park, FL 3: Director Director Denie BUNDY Winter Park, FL 3: Director Director	Trust Fund Co	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	The contract of the contract o	24 - 5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
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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 eath, 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:

SMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/02 904-348-274