

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90082 026 \*\*\*\*61.25

**DOCUMENT # N01000006885**

1. Entity Name

**FAMILIES OF MISSING LOVED ONES, INC.**

Principal Place of Business

**2704 RANDY ROAD  
 JACKSONVILLE FL 32216**

Mailing Address

**2704 RANDY ROAD  
 JACKSONVILLE FL 32216**

2. Principal Place of Business

**6004 TERRY ROAD**

Suite, Apt. #, etc.

3. Mailing Address

**6004 TERRY ROAD**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**JACKSONVILLE FL**

City & State

**JACKSONVILLE, FL**

4. FEI Number

**59-3749530**

Applied For

Not Applicable

Zip

**32216**

Country

**USA**

Zip

**32216**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional

Fee Required

6. Name and Address of Current Registered Agent

**FORBES, JOHN R  
 8825 PERIMETER PARK BOULEVARD  
 SUITE 102  
 JACKSONVILLE FL 32216**

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**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RICE, LINDA S</b>	
STREET ADDRESS	<b>2704 RANDY ROAD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32216</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SMITH, VICKI GARY</b>	
STREET ADDRESS	<b>213 GREENCREST DRIVE</b>	
CITY-ST-ZIP	<b>PONTE FEDRA BEACH FL 32082</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WILSON, VANISSIA</b>	
STREET ADDRESS	<b>8492 CREEKSIDE DRIVE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32063</b>	
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	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MARGARET ROWAN</b>	
STREET ADDRESS	<b>4435 MAJESTIC BLUFF DRIVE S</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32225</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CAROLINE ROWAN</b>	
STREET ADDRESS	<b>4461 CHASEWOOD DRIVE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32225</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CHRISTA POWELL</b>	
STREET ADDRESS	<b>7017 SHARRON ROAD</b>	
CITY-ST-ZIP	<b>GREEN COVE SPRINGS, FL 32043</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FRANK MACKESY</b>	
STREET ADDRESS	<b>501 E BAY STREET</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL. 32202</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MICHAEL COOK</b>	
STREET ADDRESS	<b>4446 MAJESTIC BLUFF DRIVE S</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL. 32225</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JERRY CANTE</b>	
STREET ADDRESS	<b>15447 CAPE DRIVE S</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL. 32226</b>	

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:

**Linda S. Rice**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/19/02**

Date

**904-731-4636**

Daytime Phone #

CR2E037 (9/01)