

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

N01000007145

FILED

02 JUL -2 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N010000007145

1. Entity Name

Family Harmony Institute ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Sarasota, Florida

3. Mailing Address

2286 DATURA Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3800 TAMiami TRAIL #315

City & State

Sarasota, Florida

City & State

Sarasota, FL

Zip

34239

Country

USA

Zip

34239

Country

USA

4. FEI Number

81-0551202

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Mark A. Libowitz

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

2286 Datura Street

City

Sarasota

FL

Zip Code

34239

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

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: Director
NAME: Mark A. Libowitz, MSW, ACSW
STREET ADDRESS: 2286 Datura Street
CITY-ST-ZIP: Sarasota, Florida 34239

TITLE: President
NAME: ZAN Benham
STREET ADDRESS: 2839 Trinidad St.
CITY-ST-ZIP: Sarasota, FL 34231

TITLE: Secretary
NAME: D. Thomas Holderness
STREET ADDRESS: 2286 Datura St.
CITY-ST-ZIP: Sarasota, FL 34239

TITLE: Treasurer
NAME: D. Thomas Holderness
STREET ADDRESS: 2286 Datura St.
CITY-ST-ZIP: Sarasota, FL 34239

TITLE: Director
NAME: D. Thomas Holderness
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Mark A. Libowitz, MSW

5/2/02 (941) 6856234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037B (12/01)