

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000007234

1. Entity Name

FAMILIES AND SOCIETY TOGETHER ENRICHING AND REBUILDING, INC.

Principal Place of Business

Mailing Address

3725 APALACHEE PARKWAY
TALLAHASSEE FL 32311

3725 APALACHEE PARKWAY
TALLAHASSEE FL 32311

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMAS, FELICIA S.W.
280 CARTERWOOD DRIVE
TALLAHASSEE FL 32305

Name Felicia S.W. Thomas
Street Address (P.O. Box Number is Not Acceptable)
4366 Kensington Rd.
City Tallahassee FL Zip Code 32303

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 Felicia S.W. Thomas

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME MOORE, WANDA
STREET ADDRESS 3725 APALACHEE PARKWAY
CITY-ST-ZIP TALLAHASSEE FL 32311

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

TITLE VD ☐ Delete
NAME THOMAS, FELICIA S.W.
STREET ADDRESS 3725 APALACHEE PARKWAY
CITY-ST-ZIP TALLAHASSEE FL 32311

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

TITLE SD ☐ Delete
NAME FRYE, LOUELLA
STREET ADDRESS 3725 APALACHEE PARKWAY
CITY-ST-ZIP TALLAHASSEE FL 32311

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

TITLE TD ☐ Delete
NAME WILLIAMS, EMANUEL
STREET ADDRESS 3725 APALACHEE PARKWAY
CITY-ST-ZIP TALLAHASSEE FL 32311

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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: Felicia S.W. Thomas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug. 28, 2002 656-7254
Daytime Phone #

FILED
Aug 29, 2002 8:00 am
Secretary of State

08-29-2002 90083 020 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)