

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000008528

FILED
Apr 22, 2002 8:00 AM
Secretary of State

Entity Name: TALL PINES FAMILY DEVELOPMENT CENTER, INC.

Current Principal Place of Business:

100 DUGGAN AVE
CRESTVIEW, FL 32536

New Principal Place of Business:

Current Mailing Address:

100 DUGGAN AVE
CRESTVIEW, FL 32536

New Mailing Address:

P. O. BOX 878
CRESTVIEW, FL 32536

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HINSON, MICHAEL C
100 DUGGAN AVE
CRESTVIEW, FL 32536

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Change (X) Addition
Name: YOZVIAK, STEPHEN
Address: 1048 TALLOKAS ROAD
City-St-Zip: CRESTVIEW,, FL 32536

Title: P, D () Change (X) Addition
Name: HINSON, CHARLIE G
Address: 100 DUGGAN AVENUE
City-St-Zip: CRESTVIEW, FL 32536

Title: D, V () Change (X) Addition
Name: LEITSCHUCK, JOHN
Address: 548 PURL ADAMS AVENUE
City-St-Zip: CRESTVIEW, FL 32539

Title: D, S () Change (X) Addition
Name: HINSON, MICHAEL C
Address: 5833 OLD BETHEL ROAD
City-St-Zip: CRESTVIEW, FL 32536

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLIE G. HINSON

P

04/22/2002

Electronic Signature of Signing Officer or Director

Date