

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11025

1. Entity Name

FRIENDS OF CHILDREN AND FAMILIES, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90100 036 ****70.00

Principal Place of Business

Mailing Address

11875 HIGH TECH AVE
SUITE 200
ORLANDO FL 32817
US

11875 HIGH TECH AVE
SUITE 200
ORLANDO FL 32817-1473
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2735429

Applied For

Not Applicable

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

MARTIN, LUIS R JR.
4957 COURTLAND LOOP
WINTER SPRINGS FL 32705

Name

Martha Barnhill

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

11875 High Tech Avenue
Suite 200

City

Orlando

FL

Zip Code
32817

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

1/5/99

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DC
HIMES, MEL
1290 E. NORMANDY BLVD.
DELTONA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GENTILE, MARGARET
445 W. AMELIA ST.
ORLANDO FL 32802 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
BARNHILL, MARTHA
11875 HIGH TECH AVE. STE. 200
ORLANDO FL 32817 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CYRILL, SHEPPARD
11875 HIGH TECH AVE. STE. 200
ORLANDO FL 32817 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Brehan E. Roberts, CPA
333 N. Fennecreek Avenue
Orlando, FL 32803-5K99 ☐ Change ☒ Addition

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

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:

Martha Barnhill

1/14/00

407-273-8444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)