

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2001 8:00 am
Secretary of State

04-07-2001 90012 030 ****61.25

DOCUMENT # N26148

1. Entity Name

FAMILY RESOURCE PROGRAM OF NORTH OKALOOSA COUNTY

Principal Place of Business

299 S. MAIN STREET
 CRESTVIEW FL 32536

Mailing Address

299 S. MAIN STREET
 CRESTVIEW FL 32536

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

59-2942934

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ROBBINS, DENISE
 299 S. MAIN ST
 CRESTVIEW FL 32536

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	PD	<input type="checkbox"/> Delete
NAME	ROBBINS, DENISE	
STREET ADDRESS	7955 OLD EBENEZER RD.	
CITY-ST-ZIP	LAUREL HILL FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DREWERY, BRENDA	
STREET ADDRESS	119 TWIN OAK DRIVE	
CITY-ST-ZIP	CRESTVIEW FL 32536	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CORBIN, ELOUISE	
STREET ADDRESS	4585 LOG LAKE RD	
CITY-ST-ZIP	HOLT FL 32564	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BRAME, DETHRA	
STREET ADDRESS	8096 LAKE LANE	
CITY-ST-ZIP	CRESTVIEW FL	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Denise A. Robbins* **14 Mar 01 689-776**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)