

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N28228

1. Entity Name

COMPREHENSIVE COMMUNITY AND FAMILY SERVICES, INC

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90028 041 ****61.25

Principal Place of Business

Mailing Address

313 NORTH MACOMB STREET
TALLAHASSEE FL 32303

5578 PEDRICK PLANTATION CIRCLE
TALLAHASSEE FL 32311-8203

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

59-3312085

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

BROWN, JAMES G., PH.D.
5578 PEDRICK PLANTATION CIRCLE
TALLAHASSEE FL 32311

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME BROWN, JAMES G.
STREET ADDRESS 5578 PEDRICK PLANTATION CIRCLE
CITY-ST-ZIP TALLAHASSEE FL 32311

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

TITLE VD ☐ Delete
NAME BROWN, PATRICIA
STREET ADDRESS 5578 PEDRICK PLANTATION CIRCLE
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE VD ☒ Change ☐ Addition
NAME Brown, Patricia
STREET ADDRESS 2616 Mission Rd # 8B
CITY-ST-ZIP Tallahassee, FL 32303

TITLE VD ☐ Delete
NAME ROYER, AL
STREET ADDRESS 2589 PINE RIDGE ROAD
CITY-ST-ZIP TALLAHASSEE FL 32308

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

TITLE VD ☐ Delete
NAME CHAMBERS, WILLIE
STREET ADDRESS 110 1ST STREET SE
CITY-ST-ZIP TALLAHASSEE FL 32333

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

TITLE T ☐ Delete
NAME HAMMOCK, CASSIE BROWN
STREET ADDRESS 8137 BUCKLAKE ROAD
CITY-ST-ZIP TALLAHASSEE FL 32311

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

TITLE SD ☐ Delete
NAME JOSEPH W BROWN
STREET ADDRESS 2616 MISSION RD #8B
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
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:

James G. Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-00 (850) 222-5151

Date

Daytime Phone #

CR2E037 (9/99)