

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2001 8:00 am**  
**Secretary of State**

09-12-2001 90103 028 \*\*\*\*61.25

**DOCUMENT # N28228**

1. Entity Name

**COMPREHENSIVE COMMUNITY AND FAMILY SERVICES, INC**

Principal Place of Business

**313 NORTH MACOMB STREET  
TALLAHASSEE FL 32303**

Mailing Address

**5578 PEDRICK PLANTATION CIRCLE  
TALLAHASSEE FL 32311**

**00063373**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**8137 BUCKLAKE RD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Tallahassee Florida**

4. FEI Number

**59-3312085**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32317**

**Leon**

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **CASSIE HAMMOCK**

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

**8137 BUCKLAKE RD**

City

**Tallahassee**

FL

Zip Code

**32317**

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

*Cassie Hammock*

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  
After September 12, 2001, min. will be \$236.25**

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	BROWN, JAMES G.	
STREET ADDRESS	5578 PEDRICK PLANTATION CIRCLE	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BROWN, PATRICIA	
STREET ADDRESS	2616 MISSION RD #813	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROYER, AL	
STREET ADDRESS	2589 PINE RIDGE ROAD	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CHAMBERS, WILLIE	
STREET ADDRESS	110 1ST STREET SE	
CITY-ST-ZIP	TALLAHASSEE FL 32333	
TITLE	T	<input type="checkbox"/> Delete
NAME	HAMMOCK, CASSIE BROWN	
STREET ADDRESS	8137 BUCKLAKE ROAD	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JOSEPH W BROWN	
STREET ADDRESS	2616 MISSION RD #8B	
CITY-ST-ZIP	TALLAHASSEE FL 32303	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Program Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASSIE HAMMOCK	
STREET ADDRESS	8137 BUCKLAKE RD	
CITY-ST-ZIP	TALLAHASSEE, FL 32312	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rita Brown	
STREET ADDRESS	5578 Pedrick Plantation Circle	
CITY-ST-ZIP	TALL, FL 32317	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Libby Royer	
STREET ADDRESS	2589 Pine Ridge Rd	
CITY-ST-ZIP	Tallahassee, FL 32308-4011	
TITLE	Moses Gant	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	16 Eli Crt	
STREET ADDRESS	Crawfordville FL 32327	
TITLE	Betty Bailey	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PO Box 546	
STREET ADDRESS	Havana FL 32333	
CITY-ST-ZIP		
TITLE	Larry Clayton	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PO Box 704	
STREET ADDRESS	Havana FL 32333	
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: *Libby Royer* *REC Libby Royer*

*9/10/2001 (850) 385-5041*

CR2E037 (5/01)