

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**  
 05-29-2002 90739 034 \*\*\*\*61.25

**DOCUMENT # N28228**

1. Entity Name

**COMPREHENSIVE COMMUNITY AND FAMILY SERVICES, INC**

Principal Place of Business

Mailing Address

**313 NORTH MACOMB STREET  
 TALLAHASSEE FL 32303**

**8137 BUCKLAKE RD  
 TALLAHASSEE FL 32317**

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

**HAMMOCK, CASSIE  
 8137 BUCKLAKE RD  
 TALLAHASSEE FL 32317**

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

*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**

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 **HAMMOCK, CASSIE**  
 STREET ADDRESS **8137 BUCKLAKE RD**  
 CITY-ST-ZIP **TALLAHASSEE FL 32317**

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

TITLE **VD** ☐ Delete  
 NAME **BROWN, RITA**  
 STREET ADDRESS **5578 PEDRICK PLANTATION CIRCLE**  
 CITY-ST-ZIP **TALLAHASSEE FL 32317**

TITLE ☐ Change ☐ Addition  
 NAME **Treasure / Sec.**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD** ☒ Delete  
 NAME **ROYER, LIBBY**  
 STREET ADDRESS **2589 PINE RIDGE ROAD**  
 CITY-ST-ZIP **TALLAHASSEE FL 32308-4011**

TITLE ☐ Change ☐ Addition  
 NAME **Willie Chambers**  
 STREET ADDRESS **110 1st Street S.E.**  
 CITY-ST-ZIP **Navarre, FL 32333**

TITLE **VD** ☐ Delete  
 NAME **GANT, MOSES**  
 STREET ADDRESS **16 ELI COURT**  
 CITY-ST-ZIP **CRAWFORDVILLE FL 32327**

TITLE ☐ Change ☐ Addition  
 NAME **Chair Person**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **T** ☐ Delete  
 NAME **BAILEY, BETTY**  
 STREET ADDRESS **P.O. BOX 546**  
 CITY-ST-ZIP **HAVANA FL 32333**

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

TITLE **VD** ☒ Delete  
 NAME **CLAYTON, LARRY**  
 STREET ADDRESS **P.O. BOX 704**  
 CITY-ST-ZIP **HAVANA FL 32333**

TITLE ☐ Change ☐ 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:

*Cassie Hammock* **Cassie Hammock** May 28 222-5151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)