

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N30280

1. Entity Name

FAMILY CRISIS HELP CENTER INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 15 PM 3:20

Principal Place of Business

509 CANAL ST
SUITE D
NEW SMYRNA BEACH FL 32168
US

Mailing Address

P.O. BOX 218
EDGEWATER FL 32132-0218

2. Principal Place of Business

509 Canal Street

3. Mailing Address

P.O. Box 218

Suite, Apt. #, etc.

Suite D

Suite, Apt. #, etc.

City & State

New Smyrna

City & State

Edgewater, FL

Zip

32168

Country

USA

Zip

32132

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2927652

Applied For

Not Applicable

5. Certificate of Status Desired

3

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PLUMMER-BUTLER, RUTH A
3040 LUKAS LANE
EDGEWATER FL 32132

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

Family Crisis Help Center Inc.

9/12/00

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 13, 2000 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
NAME PLUMMER-BUTLER, RUTH A
STREET ADDRESS 3040 LUKAS LANE
CITY-ST-ZIP EDGEWATER FL 32132 ☐ Delete

TITLE VD
NAME WARBOYS, VICKI
STREET ADDRESS 1811 SABLE PALM DRIVE
CITY-ST-ZIP EDGEWATER FL 32132 ☐ Delete

TITLE SD
NAME BARETTA, LINDA
STREET ADDRESS 1819 JUNIPER DRIVE
CITY-ST-ZIP EDGEWATER FL 32141 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME Plummer-Ruth A.
STREET ADDRESS 922 Bethune Village
CITY-ST-ZIP Daytona Beach, FL 32114 ☒ Change ☐ Addition

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

Ruth A. Plummer, Exec. Director 9/12/00 904-255-0108

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)