

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N30280

1. Entity Name

FAMILY CRISIS HELP CENTER INC.

Principal Place of Business

509 CANAL ST
SUITE D
NEW SMYRNA FL 32168
US

Mailing Address

P.O. BOX 218
EDGEWATER FL 32132

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

59-2927652

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

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

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
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 ☐ Delete

PD
NAME PLUMMER-BUTLER, RUTH A
STREET ADDRESS 922 BETHUNE VILLAGE
CITY-ST-ZIP DAYTONA BEACH FL 32114

TITLE ☐ Delete

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

TITLE ☐ Delete

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

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Ruth A. Plummer

9/4/08

(386)255-0108

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90004 042 ****61.25

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DO NOT WRITE IN THIS SPACE

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