

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jul 10, 2000 8:00 am
Secretary of State

07-10-2000 90012 007 ****70.00

DOCUMENT # N31468

1. Entity Name

THE FAMILY OF FRIENDS, INC.

Principal Place of Business

2340 CELERY AVE
SANFORD FL 32771

Mailing Address

2340 CELERY AVE
SANFORD FL 32771-3962

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number
59-2946581

Applied For

Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RETEY, RICHARD J.
510 W CHARLOTTE AVENUE
EUSTIS FL 32726

7. Name and Address of New Registered Agent

Name

BRAD LUX

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

821 17th AVE

City

NEW SMYRNA

FL

Zip Code

32169

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]

ADMINISTRATOR

6/7/00

DATE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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

TITLE PD
NAME LAUGHNA, HUGH
STREET ADDRESS 4421 WINDERLAKES DR
CITY-ST-ZIP ORLANDO FL 32825 ☐ Delete

TITLE VD
NAME KEENAN, APRYL
STREET ADDRESS 168 PROMENADE CIR
CITY-ST-ZIP HESTHROW FL 32746 ☐ Delete

TITLE TD
NAME SPENCER, GEORGE
STREET ADDRESS 312 SWEETWATER BLVD
CITY-ST-ZIP LONGWOOD FL 32779 ☐ Delete

TITLE SD
NAME GUERIN, NANCY
STREET ADDRESS 1239 OCEAN SHORE DR
CITY-ST-ZIP ORMOND BCH FL 32176 ☐ 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 ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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 another like empowered.

SIGNATURE:

[Signature] REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/7/00

407-330-9318

Daytime Phone

RS-037 (9/99)