

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

05-12-2001 90020 012 \*\*\*\*\*61.25

0078667

**DOCUMENT # N35555**

1. Entity Name

**FAMILY TIES CHILD CENTER, INC.**

Principal Place of Business

1105 S.E. SANCHEZ AVENUE  
 Ocala FL 34471  
 US

Mailing Address

1105 S.E. SANCHEZ AVENUE  
 Ocala FL 34471  
 US

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

**59-2982582**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MCBRIDE, PAMELA C.  
 1105 S.E. SANCHEZ AVE.  
 Ocala FL 32671

7. Name and Address of New Registered Agent

Name **Karon Hagenhoff**  
 Street Address (P.O. Box Number is Not Acceptable) **1105 SE Sanchez ave**  
 City **Ocala** FL Zip Code **34471**

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**

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	DP	<input type="checkbox"/> Delete
NAME	MCBRIDE, PATRICK O.	
STREET ADDRESS	1105 S.E. SANCHEZ AVE.	
CITY-ST-ZIP	OCALA FL	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	MCBRIDE, PAMELA C.	
STREET ADDRESS	1105 S.E. SANCHEZ AVE.	
CITY-ST-ZIP	OCALA FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCBRIDE, PAMELA C.	
STREET ADDRESS	1105 S.E. SANCHEZ AVE.	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAGENHOFF, KEN	
STREET ADDRESS	4863 SE 40TH TERRACE	
CITY-ST-ZIP	OCALA FL 34480	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Karon Hagenhoff	
STREET ADDRESS	4863 SE 40th Terr	
CITY-ST-ZIP	Ocala, FL 34480	
TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ken Hagenhoff	
STREET ADDRESS	4863 SE 40th Terr	
CITY-ST-ZIP	Ocala, FL 34480	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pat McBride	
STREET ADDRESS	1105 SE Sanchez	
CITY-ST-ZIP	Ocala, FL 34471	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAM McBride	
STREET ADDRESS	1105 SE Sanchez	
CITY-ST-ZIP	Ocala, FL 34471	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)