

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N35555

1. Entity Name

FAMILY TIES CHILD CENTER, INC.

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90041 036 ****61.25

0064076

Principal Place of Business

Mailing Address

1105 S.E. SANCHEZ AVENUE
OCALA FL 34471
US

1105 S.E. SANCHEZ AVENUE
OCALA FL 34471
US

510115

2. Principal Place of Business

3230 S.E. 58TH AVE

3. Mailing Address

3230 S.E. 58TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

OCALA, FLORIDA

City & State

OCALA, FLORIDA

4. FEI Number

59-2982582

Applied For

Not Applicable

Zip

34471

Country

USA

Zip

34471

Country

USA

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

Name

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

3230 S.E. 58TH 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

Karon Hagenhoff

president

3-2-02

Signature, typed or printed name of registered agent and title, 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	DPT	<input type="checkbox"/> Delete
NAME	HAGENHOFF, KAREN	
STREET ADDRESS	4863 SE 40TH TERR	
CITY-ST-ZIP	OCALA FL 34480	
TITLE	VS	<input type="checkbox"/> Delete
NAME	HAGENHOFF, KEN	
STREET ADDRESS	4863 SE 40TH TERR	
CITY-ST-ZIP	OCALA FL 34480	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCBRIDE, PAT	
STREET ADDRESS	1105 S.E. SANCHEZ AVE.	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCBRIDE, PAM	
STREET ADDRESS	1105 SE SANCHEZ	
CITY-ST-ZIP	OCALA FL 34471	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARON HAGENHOFF	
STREET ADDRESS		
CITY-ST-ZIP		
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		
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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:

Karon Hagenhoff

DATE

3-2-02

DAYTIME PHONE #

352-694-4554

CP2E037 (9/01)