

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N35786

1. Entity Name

CENTRAL FLORIDA ASSOCIATION FOR FAMILY CHILD CAR

FILED

Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90051 034 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

CFAFCC
PO BOX 5490
WINTER PARK FL 32793
US

CFAFCC
PO BOX 5490
WINTER PARK FL 32793-5490
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3005518

Applied For

Not Applicable

Zip

Country

Zip

Country

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

METSALA, PAT
2235 STEFFANIE COURT
KISSIMMEE FL 34746

Name Molly Ward
Street Address (P.O. Box Number is Not Acceptable)
102 Yorktown Pl

City Sanford FL FL Zip Code 32771

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

Pat Metsala

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME HATFIELD, KRISTI
STREET ADDRESS 1131 COVINGTON ST
CITY-ST-ZIP OVIEDO FL 32765

TITLE ☒ Change ☐ Addition
NAME PRESIDENT
STREET ADDRESS Molly Ward
CITY-ST-ZIP 102 Yorktown Place (407) 323 179
Sanford, FL 32771 molly.w@bell-
net.net

TITLE ☐ Delete
NAME HAWKINS, MICHELLE
STREET ADDRESS 5529 WESTHAVEN CT
CITY-ST-ZIP ORLANDO FL 32810

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

TITLE ☒ Delete
NAME WARD, MOLLY
STREET ADDRESS 102 YORKTOWN PL
CITY-ST-ZIP SANFORD FL 32771

TITLE ☒ Change ☐ Addition
NAME UP Programs
STREET ADDRESS JUCIE GREEN
CITY-ST-ZIP 10313 Cedarhurst Ave.
Orlando, FL 32825

TITLE ☒ Delete
NAME HATFIELD, KRISTI
STREET ADDRESS 1131 COVINGTON ST
CITY-ST-ZIP OVIEDO FL 32765

TITLE ☒ Change ☐ Addition
NAME MP membership
STREET ADDRESS Wendy Wyatt
CITY-ST-ZIP 1048 Catfish Creek Ct
OVIEDO FL 32765

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME SECRETARY
STREET ADDRESS CAROL GREEN
CITY-ST-ZIP 717 REMINGTON-DAKS DR
LAKE MARY, FL 32746

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME EDITOR
STREET ADDRESS SUSAN BARTLE
CITY-ST-ZIP 2650 Brookside Ct.
Maitland, FL 32751

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 #

March 13, 2000