

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38458

1. Entity Name

PENSACOLA FAMILY CARE FOR YOUTH AND FAMILY SERVI

Principal Place of Business

422 N. BAYLEN ST.
PENSACOLA FL 32501
US

Mailing Address

KIEVIT, KELLY, ODOM
15 WEST MAIN STREET
PENSACOLA FL 32501-5927
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

KIEVIT, KELLY &
15 WEST MAIN ST
PENSACOLA FL 32501

7. Name and Address of New Registered Agent

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP

CD ☐ Delete
FRAZER, GAE
4336 GRANDEPOINT PLACE
PENSACOLA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TD ☐ Delete
SCOTT, LINDA L.
9005 EL-MATADOR PLACE
PENSACOLA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D ☒ Delete
WHITMAN, TMS I
3160 HYDE PARK PLACE
PENSACOLA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Secretary D ☐ Delete
Ralph Braun
6896 CEDAR RIDGE CIR
MILTON FL 32570

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
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

I, I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

CELESTINE LEWIS

Date

Daytime Phone #

FILED
May 03, 2000 8:00 am
Secretary of State

02-14-2000 90038 039 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)