

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 13, 2000 8:00 am**  
**Secretary of State**

06-13-2000 90054 013 \*\*\*\*61.25

**DOCUMENT # N44882**

1. Entity Name

**FAMILY RESOURCE PROGRAM OF ESCAMBIA COUNTY, INC.**

Principal Place of Business

Mailing Address

4400 BAYOU BLVD.  
 STE 30B  
 PENSACOLA FL 32503  
 US

4400 BAYOU BLVD.  
 STE 30B  
 PENSACOLA FL 32503-2691  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4400 Bayou Blvd.  
 Suite, Apt. #, etc.  
 Suite 30-B

4400 Bayou Blvd.  
 Suite, Apt. #, etc.  
 Suite 30-B

City & State

City & State

Pensacola, FL

Pensacola, FL

Zip

Country

32503

USA

Zip

Country

32503

USA

4. FEI Number

59-3080797

Applied For

Not Applicable

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

ALDRIDGE, JAMES J  
 4400 BAYOU BLVD.  
 STE 30B  
 PENSACOLA FL 32503

Name

Kimberly Leach

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

4400 Bayou Blvd.

Suite 30-B

City

Pensacola,

FL

Zip Code

32503

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

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

Kimberly Leach

(NOTE: Registered Agent signature required when reinstating)

5-4-00

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	D	<input checked="" type="checkbox"/> Delete
NAME	ALEXANDER, SADIE Y	
STREET ADDRESS	4231 CHERRY LAUREL DR	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MOORE, DONNA	
STREET ADDRESS	3930 DUNWOODY DR	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRANTON, SUSAN	
STREET ADDRESS	5136 SOUNDSIDE DR	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ANDERSON, JANITH	
STREET ADDRESS	5915 BENDER DR	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kimberly Leach	
STREET ADDRESS	3300 Timberlane Dr.	
CITY-ST-ZIP	Pensacola, FL 32503	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dr. Frank Biasco	
STREET ADDRESS	9759 Pickwood Drive	
CITY-ST-ZIP	Pensacola, FL 32514-1620	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Margo Rigby	
STREET ADDRESS	10622 Lillian Hwy.	
CITY-ST-ZIP	Pensacola, FL 32506	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jane Cartwright	
STREET ADDRESS	3950 McClellan Road	
CITY-ST-ZIP	Pensacola, FL 32503	
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		

CR2E037 (9/99)

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:

*Kimberly Leach*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-4-00 850-414-9713