

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90055 026 *****70.00

DOCUMENT # N93000000516

1. Entity Name

FAMILY CENTRAL HOLDING CO., INC.

Principal Place of Business

Mailing Address

**840 SW 81ST AVE
 NO. LAUDERDALE FL 33068**

**840 SW 81ST AVE
 NO. LAUDERDALE FL 33068**

80026023



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0389516

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

**BARBARA, WEINSTEIN A
 840 SW 81ST AVE
 N. LAUDERDALE FL 33068**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P/M** ☐ Delete
 NAME **WEINSTEIN, BARBARA**
 STREET ADDRESS **840 SW 81ST AVE**
 CITY-ST-ZIP **N. LAUDERDALE FL 33068**

TITLE **TD** ☐ Change ☒ Addition
 NAME **Owen D. Koff**
 STREET ADDRESS **840 SW 81st Ave.**
 CITY-ST-ZIP **North Lauderdale, FL 33068**

TITLE **VM** ☐ Delete
 NAME **WEEKS, TIMOTHY**
 STREET ADDRESS **840 SW 81ST AVE**
 CITY-ST-ZIP **N. LAUDERDALE FL 33068**

TITLE **SD** ☐ Change ☒ Addition
 NAME **Jeffrey T. Murphy**
 STREET ADDRESS **840 SW 81st Ave.**
 CITY-ST-ZIP **North Lauderdale, FL 33068**

TITLE **TD** ☒ Delete
 NAME **SMITH, GRANT ESQ**
 STREET ADDRESS **840 SW 81ST AVE**
 CITY-ST-ZIP **NORTH LAUDERDALE FL 33068**

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

TITLE **CD** ☐ Delete
 NAME **SCHAGRIN, RICHARD G**
 STREET ADDRESS **840 SW 81ST AVE**
 CITY-ST-ZIP **N. LAUDERDALE FL 33068**

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

TITLE **SD** ☒ Delete
 NAME **LAURA TARVAINEN**
 STREET ADDRESS **840 SW 81ST AVE**
 CITY-ST-ZIP **N. LAUDERDALE FL 33068**

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

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

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

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 REQUIRED
 Timothy Weeks

954 720-1000

CR2E037 (9/01)