

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 14, 2003 8:00 am
Secretary of State

1/27

01-27-2003 90322 015 ****70.00

DOCUMENT # N93000000516



1. Entity Name
FAMILY CENTRAL HOLDING CO., INC.

Principal Place of Business
**840 SW 81ST AVE
NO. LAUDERDALE FL 33068**

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



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
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
**BARBARA WEINSTEIN A
840 SW 81ST AVE
N. LAUDERDALE FL 33068**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P/M	<input checked="" type="checkbox"/> Delete
NAME	WEINSTEIN, BARBARA	
STREET ADDRESS	840 SW 81ST AVE	
CITY-ST-ZIP	N. LAUDERDALE FL 33068	
TITLE	VM	<input checked="" type="checkbox"/> Delete
NAME	WEEKS, TIMOTHY	
STREET ADDRESS	840 SW 81ST AVE	
CITY-ST-ZIP	N LAUDERDALE FL 33068	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	SCHAGRIN, RICHARD G	
STREET ADDRESS	840 SW 81ST AVE	
CITY-ST-ZIP	N. LAUDERDALE FL 33068	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MURPHY, JEFFREY	
STREET ADDRESS	840 SW 81ST AVE	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	KOFF, OWEN D	
STREET ADDRESS	840 SW 81ST AVE	
CITY-ST-ZIP	NORTH LAUDEDALE FL 33068	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barbara Ann Weinstein, Ed.D.	
STREET ADDRESS	840 SW 81st Ave..	
CITY-ST-ZIP	North Lauderdale, FL 33068	
TITLE	V/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Timothy Weeks	
STREET ADDRESS	840 SW 81st Ave.	
CITY-ST-ZIP	North Lauderdale, FL 33068	
TITLE	C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard G. Schagrin	
STREET ADDRESS	840 SW 81st Ave.	
CITY-ST-ZIP	North Lauderdale, FL 33068	
TITLE	VC/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lawrence D. Share	
STREET ADDRESS	840 SW 81st Ave.	
CITY-ST-ZIP	North Lauderdale, FL 33068	
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: Timothy Weeks **SIGNATURE REQUIRED** 1-9-03 954 724 4070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)