

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001873

1. Entity Name

FLORIDA FAMILY CHILD CARE HOME ASSOCIATION, INC.

Principal Place of Business

600 SW 29TH AVENUE
FT LAUDERDALE FL 33312
US

Mailing Address

600 SW 29TH AVE
FT LAUDERDALE FL 33312
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0392120

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

IVES, BRENDA L
60 SW 29TH AVENUE
FORT LAUDERDALE FL 33312

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 PD ☐ Delete
NAME TINGIRIS, MARY
STREET ADDRESS 14112 EASTLAND LANE
CITY-ST-ZIP TAMPA FL 33625

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

TITLE VPD ☐ Delete
NAME MCCOY, CATHY
STREET ADDRESS ROUTE 1, BOX 355
CITY-ST-ZIP SAN MATEO FL 32187

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

TITLE VP ☐ Delete
NAME WAYS, MEANS
STREET ADDRESS P.O. BOX 292161
CITY-ST-ZIP TAMPA FL 33687

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

TITLE CD ☐ Delete
NAME IVES, BRENDA L
STREET ADDRESS 600 SE 29TH AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL 33312

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

TITLE T ☐ Delete
NAME STREETER, PAULA
STREET ADDRESS 14011 FULKERTON DR
CITY-ST-ZIP TAMPA FL 33625

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

TITLE S ☐ Delete
NAME GSKINS, LINNETTE
STREET ADDRESS 312 MONROE DR
CITY-ST-ZIP WEST PALM BEACH FL 33405

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90201 019 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)