

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003356

1. Entity Name

FAMILY FOCUS ASSOCIATES, INC.

**FILED**  
May 16, 2000 8:00 am  
Secretary of State

05-16-2000 90083 029 \*\*\*\*75.00

Principal Place of Business

Mailing Address

164 TAYLOR AVE  
P.O. BOX 64  
WHITE HORSE BCH MA 02381

P.O. BOX 54  
WHITE HORSE BCH MA 02381-0054

2. Principal Place of Business

3. Mailing Address

469 BRIDGE ST

PO Box 208

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
No. Weymouth, MA

City & State  
MA

Zip  
02191

Country  
USA

Zip  
02191

Country  
USA

4. FEI Number  
04-3133571

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

MOSCHEL, ROBERT D JR  
630 E VINE STREET  
KISSIMMEE FL 34744

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P.  
MCFADDEN, MICHAEL J  
164 TAYLOR AVE  
WHITE HORSE BCH MA 02381 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
469 BRIDGE ST PO Box 208  
No. Weymouth, MA 02191

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
MCFADDEN, JOYCE L  
164 TAYLOR AVE  
WHITE HORSE BCH MA 02381 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
91 NANTASKET AVE  
MULL, MA 02045

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
LENNON, RITA A  
60 ELM ST  
COHASSET MA ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☒ Addition  
zip 02025

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
NICHOLS, REV BASIL  
2498 SHELBY CIRCLE  
KISSIMMEE FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☒ Addition  
zip 34744

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BELZER, JAMES  
5400 HAVEN AVE  
OCEAN CITY NJ 08226 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
FLANAGAN, KARA  
1972 BOULEVARD  
W HARTFORD CT ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☒ Addition  
zip 06107

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

*Michael J. McFadden*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-00

Date

781-340-1355

Daytime Phone #

CR2E037 (9/99)