

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90010 007 \*\*\*\*70.00

**DOCUMENT # N93000003356**

1. Entity Name

**FAMILY FOCUS ASSOCIATES, INC.**

Principal Place of Business\*

Mailing Address

~~400 BRIDGE ST~~  
~~WEXMOUTH MA 02191~~

~~91 NANTASKET AVE~~  
~~HULL MA 02045~~

**91 NANTASKET AVE**  
**HULL, MA 02045**

← SAME

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**04-3133571**

Applied For  
 Not Applicable

Zip

Country

**USA**

Zip

Country

**USA**

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 **P** ☐ Delete  
 NAME **MCFADDEN, MICHAEL J**  
 STREET ADDRESS ~~400 BRIDGE ST~~  
 CITY-ST-ZIP ~~WEXMOUTH MA 02191~~

☒ Change ☐ Addition  
 NAME **91 NANTASKET AVENUE**  
 STREET ADDRESS **HULL, MA 02045**  
 CITY-ST-ZIP

TITLE **S** ☐ Delete  
 NAME **MCFADDEN, JOYCE L**  
 STREET ADDRESS **91 NANTASKET AVE**  
 CITY-ST-ZIP **HULL MA 02045**

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

TITLE **D** ☐ Delete  
 NAME **LENNON, RITA A**  
 STREET ADDRESS **60 ELM ST**  
 CITY-ST-ZIP **COHASSET MA 02025**

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

TITLE **D** ☒ Delete  
 NAME ~~NICHOLS, REV BACH~~  
 STREET ADDRESS ~~2100 CHURCH CIRCLE~~  
 CITY-ST-ZIP ~~KISSIMMEE FL 34744~~

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

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

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

TITLE **D** ☐ Delete  
 NAME **FLANAGAN, KARA**  
 STREET ADDRESS **1972 BOULEVARD**  
 CITY-ST-ZIP **W HARTFORD CT 06107**

☐ 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: *Michael J McFadden*

**5-14-01 781-773-1600**

CR2E037 (10/00)