

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 30, 2002 8:00 am
Secretary of State

09-30-2002 90181 042 ****70.00

DOCUMENT # N93000003356

1. Entity Name

FAMILY FOCUS ASSOCIATES, INC.

Principal Place of Business

**91 NANTASKET AVENUE
HULL MA 02045**

Mailing Address

**91 NANTASKET AVENUE
HULL MA 02045**

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

04-3133571

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
min. will be \$236.25.**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCFADDEN, MICHAEL J 91 NANTASKET AVENUE HULL MA 02045	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCFADDEN, JOYCE L 91 NANTASKET AVE HULL MA 02045	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LENNON, RITA A 60 ELM ST COHASSET MA 02025	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELZER, JAMES 5400 HAVEN AVE OCEAN CITY NJ 08226	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLANAGAN, KARA 1972 BOULEVARD W HARTFORD CT 06107	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

ANN BELZER
5400 Haven AVE
OCEAN CITY, N.J. 08226

CR2E037 (4/02)

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* **Michael J. McFadden** **9/18/2002** **1600**

Attachment # 678589
1093000003356



Family Focus Associates, Inc.

91 Nantasket Avenue

Nantasket Massachusetts 02045

781-773-1600 Fax: 781-773-1601

Sept 18, 2002

Dear Sirs / Madam:

I apologize for the late filing.
I have been sick and in Hospital
several times since February. Some
how, the report got lost in the
shuffle of papers.

Sincerely,

Michael J. McFadden, Pres



THE GREATEST GIFT PARENTS
IS THE GIFT OF THEIR

CAN GIVE TO THEIR CHILDREN
OWN GOOD RELATIONSHIP

Dr. Michael J. McFadden