



State of Florida
Office of State Treasurer
Tallahassee, Florida

FOR OFFICIAL USE	
DATE	NUMBER
01/25/2000	02389

DEBIT MEMORANDUM

To: DEPT. OF STATE

N93000005099 2

General Revenue Total	0.00
Trust Total	731.25
Other Total	0.00
Total	\$731.25

000003161080--1

Distribution

Cross Ref	Samas Code	Reason	Amount
012	45-20-2-130001-45300000-00-000100-00	INSUFFICIENT FUNDS	10.00
012	45-20-2-130001-45300000-00-000100-00	INSUFFICIENT FUNDS	35.00
012	45-20-2-130001-45300000-00-000100-00	OTHER	50.00
012	45-20-2-130001-45300000-00-000100-00	OTHER	50.00
012	45-20-2-130001-45300000-00-000100-00	INSUFFICIENT FUNDS	60.00
012	45-20-2-130001-45300000-00-000100-00	OTHER	75.00
012	45-20-2-130001-45300000-00-000100-00	INSUFFICIENT FUNDS	78.75
012	45-20-2-130001-45300000-00-000100-00	ACCOUNT CLOSED	78.75
012	45-20-2-130001-45300000-00-000100-00	OTHER	135.00
012	45-20-2-130001-45300000-00-000100-00	OTHER	158.75

Grand Total: \$731.25

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BUREAU OF
PLANNING, BUDGET AND
FINANCIAL SERVICES

RECEIVED

The above named fund(s) has been reduced by the amount of this check(s) under the authority of Section 215.34, F.S.

Process Date: 01/18/2000

Bill Nelson

State Treasurer

573

63-8376/2670
013

Sec. of State
640267037 1859

834160 Dollars

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FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

February 7, 2000

Paul P. Tosi
Joseph F. Larosa Jr.
8241 SW 7th Court
North Lauderdale, FL 33068

SUBJECT: THE FAMILIES' CHARITY OF BROWARD, INC.
Ref. Number: N93000005099

Debit Memo #: 02389-F

This is to inform you that your check #573 dated December 28, 1999 in the amount of \$35.00 and submitted for THE FAMILIES' CHARITY OF BROWARD, INC. has been returned to us by your bank because of Insufficient funds.

We request that you remit a cashier's check or money order in amount of \$50.00 made payable to the Department of State. This amount will cover the unpaid check and the service fee required by law under section 215.34, Florida Statutes.

When sending the cashiers check or money order, please indicate the debit memo number and that it is a replacement for the returned check mentioned above.

Please note: The documents filed in this office with the returned check will be cancelled unless a replacement check is received within 30 days from the date of this letter. Send the replacement check to:

Division of Corporations
Attn: Melinda Lilliston
P.O. Box 6327
Tallahassee, FL 32314

If you have any questions concerning the returned check, please call
(850) 487-6900.

Sincerely,
Melinda Lilliston
Administrative Assistant II
Division of Corporations

Letter number: 500A00006171



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

March 8, 2000

Paul P. Tosi
Joseph F. Larosa Jr.
8241 SW 7th Ct.
North Lauderdale, FL 33068

SUBJECT: THE FAMILIES' CHARITY OF BROWARD, INC.
Ref. Number: N93000005099

Debit Memo #: 02389-F

Due to your failure to respond to our previous letter advising you of the returned check #573, the Officer/Director Resignation for THE FAMILIES' CHARITY OF BROWARD, INC. has been cancelled and is considered not filed as of March 8, 2000.

Please be advised the individual resigning in the document that was cancelled is now reflected as a current officer and/or director.

If you have any questions concerning the returned check, please call
(904) 487-6900.

Sincerely
Melinda Lilliston
Administrative Assistant II
Division of Corporations

Letter number: 400A00012833