

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005197

1. Entity Name

THE FLORIDA FEDERATION OF FAMILIES FOR CHILDREN

Principal Place of Business

3927 SPRING CREEK HWY  
CRAWFORDVILLE FL 32327  
US

Mailing Address

3927 SPRING CREEK HWY  
CRAWFORDVILLE FL 32327  
US

2. Principal Place of Business

3927 Spring Creek Hwy  
Suite, Apt. #, etc.

3. Mailing Address

3927 Spring Creek Hwy  
Suite, Apt. #, etc.

City & State

Crawfordville, FL

City & State

Crawfordville, FL

Zip 32327

Country

us

Zip 32327

Country

us

4. FEI Number

54-3193970 NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WELLS, CONNI  
3922 SPRING CREEK HWY  
CRAWFORDVILLE FL 32327

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.

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

TITLE POT  
NAME WELLS, CONNI  
STREET ADDRESS 3927 SPRING CREEK HWY  
CITY-ST-ZIP CRAWFORDVILLE FL 32327 ☒ Delete

TITLE VD  
NAME GLUZ, DORI  
STREET ADDRESS PO BOX 10475  
CITY-ST-ZIP DAYTONA BEACH FL 32120 ☐ Delete

TITLE SD  
NAME MELTON, LINDA  
STREET ADDRESS 1508 NE JENSON BEACH BLVD  
CITY-ST-ZIP JENSEN BEACH FL 34957 ☒ Delete

TITLE D-SS  
NAME JUSTIN, STACY  
STREET ADDRESS 25 SHARMIN CIRCLE  
CITY-ST-ZIP CRAWFORDVILLE FL 32327 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE VD/S  
NAME Gluz, Dori  
STREET ADDRESS PO BOX 10475  
CITY-ST-ZIP DAYTONA BEACH, FL 32120 ☒ Change ☐ Addition

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

TITLE PID  
NAME Justiss, Stacy  
STREET ADDRESS 26 Sharmin Circle  
CITY-ST-ZIP Crawfordville, FL 32327 ☒ Change ☐ Addition

TITLE  
NAME Kim Dotson  
STREET ADDRESS 2475 Apalachee Pkwy. Ste 205  
CITY-ST-ZIP Tallahassee, FL 32301 ☐ Change ☒ Addition

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

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  
Jan 17, 2001 8:00 am  
Secretary of State

01-17-2001 90067 030 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)