

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003585

1. Entity Name

FLORIDA FAMILY ASSOCIATION, INC.

Principal Place of Business

12108 NORTH 56TH STREET
SUITE 1
TAMPA FL 33604
US

Mailing Address

P. O. BOX 46547
TAMPA FL 33647
US

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

59-3283890

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

CATON, DAVID
12108 NORTH 56TH STREET
SUITE 1
TAMPA FL 33617

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 PTD ☒ Delete
NAME CATON, DAVID E
STREET ADDRESS 2407 SW 46TH ST
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE TD ☐ Change ☒ Addition
NAME Caton, David E
STREET ADDRESS 10020 Oxford Chapel Drive
CITY-ST-ZIP Tampa, FL 33647

TITLE SD ☐ Delete
NAME LOUGHRIE, SANDRA L
STREET ADDRESS 623 SUPERIOR AVE
CITY-ST-ZIP TAMPA FL 33606

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

TITLE D ☐ Delete
NAME RIGGS, ROBERT
STREET ADDRESS 18444 TANGLEWOOD DRIVE
CITY-ST-ZIP WESLEY CHAPEL FL 33543

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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CITY-ST-ZIP

TITLE ☐ 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:

David, Director

March 20, 2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)