

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000107

1. Entity Name

FAMILIES IN DISTRESS, INC.

FILED

May 19, 2000 8:00 am
Secretary of State

05-19-2000 90016 025 ****61.25

Principal Place of Business

Mailing Address

1609 N.STATE RD.7
MARGATE FL 33063
US

1609 N.STATE RD.7
MARGATE FL 33063-5703
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

65-0546067

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SEVERTS, PATRICIA L
1609 N. STATE RD. 7
MARGATE FL 33063

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 PT ☐ Delete
NAME SEVERTS, PATRICIA L
STREET ADDRESS 3785 TURTLE RUN BOULEVARD #1513
CITY-ST-ZIP CORAL SPRINGS FL 33067

TITLE PT ☒ Change ☐ Addition
NAME Severts Patricia
STREET ADDRESS 3909 NW 62 ct
CITY-ST-ZIP COCONUT CREEK FL 33073

TITLE D ☒ Delete
NAME SEVERTS, RICHARD
STREET ADDRESS 3785 TURTLE RUN BOULEVARD #1513
CITY-ST-ZIP CORAL SPRINGS FL 33067

TITLE D ☐ Change ☒ Addition
NAME Tony Garcia
STREET ADDRESS 1217 Coral Springs Drive
CITY-ST-ZIP Coral Springs FL 33067

TITLE D ☐ Delete
NAME SHELTON, REBECCA
STREET ADDRESS 6130 S.W. 4TH PLACE
CITY-ST-ZIP MARGATE FL 33068

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

TITLE DV ☐ Delete
NAME MARTIN, GUY
STREET ADDRESS 890 S. OCEAN WAY
CITY-ST-ZIP DEERFIELD FL 33

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

TITLE DS ☐ Delete
NAME STUHR, VIRGINIA
STREET ADDRESS 8100 S.W. 8TH CT.
CITY-ST-ZIP N. LAUDERDALE FL 33068

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

TITLE D ☐ Delete
NAME WARD, JANET
STREET ADDRESS 3920 N.E. 23RD TERRACE
CITY-ST-ZIP LIGHTHOUSE PT FL

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2000 954-984-9904
Date Daytime Phone #

CR2E037(9/99)