

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005148

1. Entity Name

THE FAMILY BUILDERS FOUNDATION, INC.

FILED
Jan 13, 2000 8:00 am
Secretary of State

01-13-2000 90012 022 ****61.25

Principal Place of Business
C/O REYNALD POULIOT, MD
265B COMMERCIAL BLVD.
LAUDERDALE BY THE SEA FL 33308

Mailing Address
C/O REYNALD POULIOT, MD
265B COMMERCIAL BLVD.
LAUDERDALE BY THE SEA FL 33308-4442

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

NOT APPLICABLE

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

STALIONS, WILLIAM C
4001 SHERIDAN ST
STE. 505
HOLLYWOOD FL 33021

Reynald Pouliot
265B Commercial Blvd
L.B.T.S. FL 33308

Name REYNALD POULIOT
Street Address (P.O. Box Number is Not Acceptable) 265B Commercial Blvd
City (LST) FL Zip Code 33308

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/6/2000

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 ☐ Delete
NAME POULIOT, REYNALD M
STREET ADDRESS 265B COMMERCIAL BLVD
CITY-ST-ZIP LAUD-BY-THE-SEA FL

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

TITLE ☐ Delete
NAME VD
STALIONS, WILLIAM C
STREET ADDRESS 2699 STIRLING RD #A-201
CITY-ST-ZIP FT. LAUDERDALE FL 33312

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

TITLE ☐ Delete
NAME SD
POULIOT, MARCO
STREET ADDRESS 167 SW 3RD ST
CITY-ST-ZIP POMPANO FL

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

TITLE ☐ Delete
NAME D
BRATT, IRVING M M
STREET ADDRESS 1555 E OAKLAND PARK BLVD
CITY-ST-ZIP OAKLAND PARK FL

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

TITLE ☐ Delete
NAME D
COBO, SYLVIA
STREET ADDRESS 12 CASTLE HARBOR ISLE DR
CITY-ST-ZIP FT LAUDERDALE FL

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

TITLE ☐ Delete
NAME D
ELMORE, WILLIAM E
STREET ADDRESS 100 NE 3RD AVE, STE 500
CITY-ST-ZIP FT LAUDERDALE 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 all other life empowered.

SIGNATURE: *Reynald Pouliot*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/6/2000 954-742-3960

CR2E037 (9/99)