

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N96000005148**

1. Entity Name

THE FAMILY BUILDERS FOUNDATION, INC.**FILED****Jan 24, 2001 8:00 am**
Secretary of State

01-24-2001 90019 038 ****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

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

REYNALD
POULIOT, REYNALD
265 B COMMERCIAL BLVD
FORT LAUDERDALE FL 33308
COMMERCIAL BLD.

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 ☐ Delete
NAME CP
STREET ADDRESS POULIOT, REYNALD M
CITY-ST-ZIP 265B COMMERCIAL BLVD
LAUD-BY-THE-SEA FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME VD
STREET ADDRESS STALLIONS, WILLIAM C
CITY-ST-ZIP 2699 STIRLING RD #A-201
FT. LAUDERDALE FL 33312TITLE ☐ Change ☐ Addition
NAME *3536 Wake Run Court*
STREET ADDRESS *Danville, Va 22026*
CITY-ST-ZIP *30506-1074*TITLE ☐ Delete
NAME SD
STREET ADDRESS POULIOT, MARCO
CITY-ST-ZIP 167 SW 3RD ST
POMPAHO FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME D
STREET ADDRESS BRATT, IRVING M M
CITY-ST-ZIP 1555 E OAKLAND PARK BLVD
OAKLAND PARK FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME D
STREET ADDRESS COBO, SYLVIA
CITY-ST-ZIP 12 CASTLE HARBOR ISLE DR
FT LAUDERDALE FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME D
STREET ADDRESS ELMORE, WILLIAM E
CITY-ST-ZIP 100 NE 3RD AVE, STE 500
FT LAUDERDALE FLTITLE ☐ 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:

REYNALD POULIOT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/01 954-972-3960

CR2E037 (10/00)