

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90118 004 ****61.25

DOCUMENT # N96000005148

1. Entity Name

THE FAMILY BUILDERS FOUNDATION, INC.

Principal Place of Business

Mailing Address

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

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

POULIOT, REYNOLD
265 B COMMERCIAL BLVD
FORT LAUDERDALE FL 33308

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 **CP** ☐ 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 **VD** ☐ Delete
 NAME **STALIONS, WILLIAM C**
 STREET ADDRESS **3536 WAKE RUN COURT**
 CITY-ST-ZIP **GAINESVILLE GA 30506-1074**

TITLE ☒ Change ☐ Addition
 NAME **4200 SW 54th Ct**
 STREET ADDRESS **Ft-Laud Fl 33314**
 CITY-ST-ZIP **William Stallions Esq**

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

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

TITLE **D** ☐ Delete
 NAME **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 **D** ☐ Delete
 NAME **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 **D** ☐ Delete
 NAME **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 like empowered.

SIGNATURE:

Signature of Reynold Pouliot
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/02 954-942-3960

CR2E037 (9/01)