

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N96000005742**

1. Entity Name

U. S. FAMILY FOUNDATION, INC.**FILED**
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90009 021 ****61.25

Principal Place of Business

**450 PLEASANT GROVE ROAD
INVERNESS FL 34452-5725**

Mailing Address

**450 PLEASANT GROVE ROAD
INVERNESS FL 34452-5725**

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

59-3412016

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

**MCCRANIE, ROBERT E III
450 PLEASANT GROVE ROAD
INVERNESS FL 34452-5725**

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 \$61.259. 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	S	☐ Delete
NAME	HAAG, JEANNETTE M	
STREET ADDRESS	1833 KIMBERLY LANE	
CITY-ST-ZIP	INVERNESS FL 34452	

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

TITLE	D	☐ Delete
NAME	MCCRANIE, ROBERT E III	
STREET ADDRESS	450 PLEASANT GROVE ROAD	
CITY-ST-ZIP	INVERNESS FL 34452-5725	

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

TITLE	D	☐ Delete
NAME	HAGG, LARRY	
STREET ADDRESS	1833 KIMBERLY LANE	
CITY-ST-ZIP	INVERNESS FL 34452	

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

TITLE	DST	☒ Delete
NAME	SALTMARSH, JANICE M	
STREET ADDRESS	450 PLEASANT GROVE RD	
CITY-ST-ZIP	INVERNESS FL 34452-5725	

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

TITLE	P	☐ Delete
NAME	WARDLOW, ROBERT C III	
STREET ADDRESS	450 PLEASANT GROVE ROAD	
CITY-ST-ZIP	INVERNESS FL 34452-5725	

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

TITLE	T	☐ Delete
NAME	CASH, PAUL J	
STREET ADDRESS	154 SE 7TH AVE.	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	

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:**Robert E McCranie, III**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/02

352-726-8130

Date

Daytime Phone #

CR2E037 (9/01)