

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005771

1. Entity Name

CENTER FOR COUPLES AND FAMILY DEVELOPMENT, INC.

FILED

Mar 01, 2000 8:00 am  
Secretary of State

03-01-2000 90023 027 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1031 NW 6TH STREET  
SUITE C-2  
GAINESVILLE FL 32601

1031 NW 6TH STREET  
SUITE C-2  
GAINESVILLE FL 32601-4277

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3415587

Applied For

Not Applicable

Zip

Country

Zip

Country

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

NAZARIO, ANDRES JR  
2110 SW 88TH STREET  
GAINESVILLE FL 32607

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 PD ☐ Delete  
NAME NAZARIO, ANDRES  
STREET ADDRESS 2110 SW 88TH STREET  
CITY-ST-ZIP GAINESVILLE FL 32607

TITLE Treasurer ☐ Change ☒ Addition  
NAME Herbert M Steier  
STREET ADDRESS 1425 NW 14 Ave.  
CITY-ST-ZIP Gainesville, FL 32605

TITLE VD ☒ Delete  
NAME MARQUEZ, MARTHA G  
STREET ADDRESS 5700 NW 57TH WAY  
CITY-ST-ZIP GAINESVILLE FL 32653

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

TITLE SD ☐ Delete  
NAME EARLY, GINA  
STREET ADDRESS RT 2 BOX 342  
CITY-ST-ZIP MICANOPY FL 32667

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

TITLE D ☐ Delete  
NAME PICADO, SUSANA  
STREET ADDRESS 312 NW 23RD AVE  
CITY-ST-ZIP GAINESVILLE FL 32607

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

TITLE D ☐ Delete  
NAME GREENHUT, GAIL  
STREET ADDRESS 5610 NW 32ND STREET  
CITY-ST-ZIP GAINESVILLE FL 32653

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

TITLE D ☐ Delete  
NAME BROWN, IRVIN  
STREET ADDRESS 7218 SW 99TH STREET  
CITY-ST-ZIP Ocala FL 34476

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)