

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
04-26-2001 90324 040 ****61.25

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DOCUMENT # N96000005771

1. Entity Name

CENTER FOR COUPLES AND FAMILY DEVELOPMENT, INC.

Principal Place of Business

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

Mailing Address

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

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

59-3415587

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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

TITLE T ☒ Delete
NAME STEIER, HERBERT M
STREET ADDRESS 1929 NW 14 AVE
CITY-ST-ZIP GAINESVILLE FL 32605

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME Gail Greenhut
STREET ADDRESS 5610 NW 32nd St
CITY-ST-ZIP Gainesville FL 32653

TITLE Picado, Irvin Treasurer ☒ Change ☐ Addition
NAME Susan
STREET ADDRESS 312 NW 23rd St
CITY-ST-ZIP Gainesville, FL 32607

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

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

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

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 (10/00)