

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90079 021 ****70.00

DOCUMENT # N96000006365

1. Entity Name

CHRISTIAN FAMILY CENTER OF RIVERVIEW, INC.

Principal Place of Business

Mailing Address

**12001 BIG BEND ROAD
 RIVERVIEW FL 33569**

**P.O. BOX 1221
 RIVERVIEW FL 33568**

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

68-0621949

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COLLAZO, HECTOR
 6410 MOSS WAY
 TAMPA FL 33625**

Name

Hector Collazo

Street Address (P.O. Box Number is Not Acceptable)

10925 Park Drive

City

Riverview

FL

Zip Code

33569

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 **COLLAZO, HECTOR**
 STREET ADDRESS **11004 SCOTT LOOP**
 CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE **PD** ☒ Change ☐ Addition
 NAME **Collazo, Hector**
 STREET ADDRESS **10925 Park Drive**
 CITY-ST-ZIP **Riverview, FL 33569**

TITLE **D** ☐ Delete
 NAME **TOVAR, MIGUEL A**
 STREET ADDRESS **13402 LARRA WAY**
 CITY-ST-ZIP **RIVERVIEW FL 33569**

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

TITLE **D** ☐ Delete
 NAME **OZUNA, JESUS M**
 STREET ADDRESS **12119 ANDERSON DRIVE**
 CITY-ST-ZIP **RIVERVIEW FL 33569**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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:

Hector Collazo
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-02

Date

813-741-2868

Daytime Phone #

CR2E037 (9/01)