

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000001050**

1. Entity Name

A FRIEND OF YOUR FAMILY, INC.

Principal Place of Business

Mailing Address

9002 S.E. BRIDGE RD
HOBE SOUND FL 33455
US9002 S.E. BRIDGE RD
HOBE SOUND FL 33455
US

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

65-0718832

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

OLSEN, JAMES
8686 SE ALABAMA PL
HOBE SOUND FL 33455

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 NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|--|---------------------------------|--|---|
| VP UBER, GARY 6635 S.E. FLORAL TERRACE HOBE SOUND FL 33455 | <input type="checkbox"/> | | <input type="checkbox"/> |
| P SNYDER, KEREN 11251 S.W. THUNDER RD STUART FL 34997 | <input type="checkbox"/> | | <input type="checkbox"/> |
| S OLSEN, JOYCE 8686 S.E. ALABAMA PLACE HOBE SOUND FL 33455 | <input type="checkbox"/> | | <input type="checkbox"/> |
| T OLSEN, JAMES 8686 S.E. ALABAMA PLACE HOBE SOUND FL 33455 | <input type="checkbox"/> | | <input type="checkbox"/> |
| D SNYDER, WILLIAM 11251 S.W. THUNDER RD STUART FL 34997 | <input type="checkbox"/> | | <input type="checkbox"/> |
| D UBER, CARMEN 6635 S.E. FLORAL TERRACE HOBE SOUND FL 33455 | <input type="checkbox"/> | | <input type="checkbox"/> |

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 #

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90091 023 ****61.25

00017827



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)