

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90055 025 ****61.25

DOCUMENT # N97000001050

1. Entity Name

A FRIEND OF YOUR FAMILY, INC.

Principal Place of Business

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

Mailing Address

9002 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 VP
NAME UBER, GARY
STREET ADDRESS 8835 S.E. FLORAL TERRACE
CITY-ST-ZIP HOBE SOUND FL 33455

☐ Delete

TITLE
NAME
STREET ADDRESS 7914 SE OSPREY ST
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE P
NAME SNYDER, KEREN
STREET ADDRESS 11251 S.W. THUNDER RD
CITY-ST-ZIP STUART FL 34997

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S
NAME OLSEN, JOYCE
STREET ADDRESS 8886 S.E. ALABAMA PLACE
CITY-ST-ZIP HOBE SOUND FL 33455

☐ Delete

TITLE
NAME
STREET ADDRESS 8036 SE DOUBLE TREE DR
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE T
NAME OLSEN, JAMES
STREET ADDRESS 8886 S.E. ALABAMA PLACE
CITY-ST-ZIP HOBE SOUND FL 33455

☐ Delete

TITLE
NAME
STREET ADDRESS 8036 SE DOUBLE TREE DR
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE D
NAME SNYDER, WILLIAM
STREET ADDRESS 11251 S.W. THUNDER RD
CITY-ST-ZIP STUART FL 34997

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME UBER, CARMEN
STREET ADDRESS 8835 S.E. FLORAL TERRACE
CITY-ST-ZIP HOBE SOUND FL 33455

☐ Delete

TITLE
NAME
STREET ADDRESS 7914 SE OSPREY ST
CITY-ST-ZIP

☒ Change ☐ Addition

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:

James Olsen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-02

Date

561-545-3986

Daytime Phone #

CR2E037 (9/01)