

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002528

1. Entity Name

FRIENDS & FAMILY FOUNDATION, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90039 011 ****70.00

Principal Place of Business

850 N. MIAMI AVENUE
506W
MIAMI FL 33136

Mailing Address

850 N. MIAMI AVENUE
506W
MIAMI FL 33136-3526

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

65-0681885

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

BAXTER, DARRYL K
850 N. MIAMI AVENUE
506W
MIAMI FL 33136

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	<input type="checkbox"/> Delete
NAME	BAXTER, DARRYL K	
STREET ADDRESS	850 N. MIAMI AVENUE, 506W	
CITY-ST-ZIP	MIAMI FL 33136	
TITLE	THOMPSON T D	<input type="checkbox"/> Delete
NAME	THOMPSON, WILLIE J	
STREET ADDRESS	780 199TH STREET, E102	
CITY-ST-ZIP	N. MIAMI BEACH FL 33179	
TITLE	JOHNSON S D	<input type="checkbox"/> Delete
NAME	JOHNSON, WILLIAM S	
STREET ADDRESS	2400 NORTHWEST 160TH STREET	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	BRAILS V. P	<input type="checkbox"/> Delete
NAME	BRAILS福德, TONEY R	
STREET ADDRESS	850 N. MIAMI AVENUE, 506W	
CITY-ST-ZIP	MIAMI FL 33136	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

305 374 8202

CF2E037 (9/99)