

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002586

1. Entity Name

FAMILY NEEDS, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90023 013 ****70.00

Principal Place of Business

Mailing Address

4028 W FAIRFIELD DR
PENSACOLA FL 32505

4028 W FAIRFIELD DR
PENSACOLA FL 32505-4733

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

52-2045491

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

WILLIAMS, FAYE
4028 W FAIRFIELD DR
PENSACOLA FL 32505

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	WILLIAMS, JACK	
STREET ADDRESS	7200 KLONDIKE RD	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, FAYE L	
STREET ADDRESS	7200 KLONDIKE RD	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE	SD	<input type="checkbox"/> Delete
NAME	REYES, CHRISTINA F	
STREET ADDRESS	2400 ST MARY AVE	
CITY-ST-ZIP	PENSACOLA FL 32505	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEASLEY, RENNIE	
STREET ADDRESS	5499 COVENTRY AVE	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE	D	<input type="checkbox"/> Delete
NAME	UTNAGE, FRAN	
STREET ADDRESS	355 STACEY RD	
CITY-ST-ZIP	CANTONEMENT FL 32514	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROWER, ELAINE B	
STREET ADDRESS	4911 TULIP DR	
CITY-ST-ZIP	PENSACOLA FL 32506	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
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:

Faye Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/00
Date

850-455-8911
Daytime Phone #

CR2E037 (9/99)