

2001 UNIFORM BUSINESS REPORT (UBR)

5/1/

FILED
May 24, 2001 8:00 am
Secretary of State

05-01-2001 90095 029 ****70.00

DOCUMENT # N97000002586

1. Entity Name

FAMILY NEEDS, INC.

Principal Place of Business

Mailing Address

**4028 W FAIRFIELD DR
 PENSACOLA FL 32505**

**4028 W FAIRFIELD DR
 PENSACOLA FL 32505**

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

Faye Williams
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/24/01
 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

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	335 STACEY RD	
CITY-ST-ZIP	CANTONMENT FL 32514	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	SD-REYES, CHRISTINA F	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4020 W. FAIRFIELD DR.	
STREET ADDRESS	PENSACOLA, FL 32505	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	FRAN UTNAGE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5475 Holley St.	
STREET ADDRESS	Milton FL 32583	
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

Faye Williams

Date

4/19/01 (850) 455-8911
 Daytime Phone #

CR2E037 (10/00)