

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002592

1. Entity Name

THE FAMILY DEVELOPMENT CENTER, INC.

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**

06-05-2000 90045 041 \*\*\*\*61.25

Principal Place of Business  
5060 ELMHURST ROAD  
SUITE A  
WEST PALM BEACH FL 33417

Mailing Address  
5060 ELMHURST ROAD  
SUITE A  
WEST PALM BEACH FL 33417-4564

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
5734 Rambler Rose Way  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
West Palm Bch, FL

4. FEI Number 65-0743959  
Applied For  
Not Applicable

Zip Country  
33415 US

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PAGE-BECKTON, SERENIA  
105 NEVA DR.  
WEST PALM BEACH FL 33415

7. Name and Address of New Registered Agent

Name Serenia P. Beckton  
Street Address (P.O. Box Number is Not Acceptable)  
5734 Rambler Rose Way  
City W. Palm Bch FL Zip Code 33415

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 Serenia Beckton President  
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

TITLE	DS	<input type="checkbox"/> Delete
NAME	SMITH, EDGAR N	
STREET ADDRESS	1566 B LAKE CRYSTAL DR.	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	
TITLE	DP	<input type="checkbox"/> Delete
NAME	PAGE-BECKTON, SERENIA P	
STREET ADDRESS	105 NEVA DR.	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	DT	<input type="checkbox"/> Delete
NAME	BECKTON, DALE	
STREET ADDRESS	105 NEVA DR.	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
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"/> 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	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Serenia P. Beckton	
STREET ADDRESS	5734 Rambler Rose Way	
CITY-ST-ZIP	West Palm Bch, FL 33415	
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
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: Serenia Beckton 5/2/00 (561) 689-3735  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)