

2001 UNIFORM BUSINESS REPORT (UBR)

0028674

DOCUMENT # N98000000604

1. Entity Name
FAMILY COURT RESOURCE ASSISTANCE, INC.

FILED

02 MAY 10 PM 1:32

Principal Place of Business Mailing Address
50 S NIEMAN AVE STE 150 MELBOURNE FL 32901
50 S NIEMAN AVE STE 150 MELBOURNE FL 32901

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT



DO NOT WRITE IN THIS SPACE

01-02

2. Principal Place of Business Suite, Apt. #, etc. City & State
3. Mailing Address Suite, Apt. #, etc. City & State

4. FEI Number **59-3532444** Applied For Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
**GRANT, JOYCE A
707 N PALM AVE
INDIALANTIC FL 32903**

7. Name and Address of New Registered Agent
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 *Joyce Grant* DATE **12/20/01**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	NAME	TITLE	NAME
D	GRANT, JOYCE A 707 N PALM AVE INDIALANTIC FL 32903	<input type="checkbox"/> Change <input type="checkbox"/> Addition	560005575475-3 -05/21/02--01003--003 ****297.50 ****297.50
D	GRANT, ANNA 5519 AVONDALE PLACE PITTSBURGH PA 15206	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D	TRAYNOR, JANET 1640 FARMINGTON CT PITTSBURGH PA 15237	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

TITLE	NAME	TITLE	NAME

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: *Joyce Grant* **REQUIRED**

DATE: **12/20/01** 321 957-4631

CR2E037 (10/00)