

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001032

1. Entity Name

ROC FAMILY SUPPORT SERVICES, INC.

**FILED**  
**Aug 29, 2000 8:00 am**  
**Secretary of State**

08-29-2000 90001 047 \*\*\*\*70.00

Principal Place of Business

6013 N 40TH ST  
TAMPA FL 33610

Mailing Address

PO BOX 11325  
TAMPA FL 33680-1325

2. Principal Place of Business

7605 N 56th St

Suite, Apt. #, etc.

3. Mailing Address

8102 Jad Dr.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

59-3498780

Applied For

Not Applicable

Zip

3317

Country

Hillsboro

Zip

33619

Country

Hillsboro

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIS, CHARLES  
6013 N 40TH ST  
TAMPA FL 33610

7. Name and Address of New Registered Agent

Name

Charles Davis

Street Address (P.O. Box Number is Not Acceptable)

8102 Jad Dr.

City

Tampa

FL

Zip Code

33619

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]*

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

(NOTE: Registered Agent signature required when reinstating)

08/22/00

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	CEO	<input type="checkbox"/> Delete
NAME	DAVIS, CHARLES	
STREET ADDRESS	8012 JAD DR	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BREWINGTON, MARC	
STREET ADDRESS	11710 B RAINTREE LAKE LANE	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	VD	<input type="checkbox"/> Delete
NAME	REDDISH, TYRONE	
STREET ADDRESS	8103 JAD DR	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WILLIAMS, GREGORY	
STREET ADDRESS	3117 BENT CREEK DR	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GREEN, DARLENE	
STREET ADDRESS	5709 CHARLES DR	
CITY-ST-ZIP	TAMPA FL 33619	
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	<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 another like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/22/00

DATE

813-899-1433

Daytime Phone #

CR2E037 (9/99)