

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 03, 2003 8:00 am
Secretary of State

09-03-2003 90021 023 *****70.00

DOCUMENT # N98000001032

1. Entity Name

ROC FAMILY SUPPORT SERVICES, INC.



Principal Place of Business

**7605 N 56TH ST
TAMPA FL**

Mailing Address

**8102 JAD DR
TAMPA FL 33619**

2. Principal Place of Business

1808 N. Morgan

3. Mailing Address

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Zip

33602

Country

USA

Country

4. FEI Number **59-3498780**

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

**DAVIS, CHARLES
8102 JAD DR
TAMPA FL 33619**

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. I am familiar with, and accept the obligations of registered agent.

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
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CEO** ☐ Delete
NAME **DAVIS, CHARLES**
STREET ADDRESS **8012 JAD DR**
CITY-ST-ZIP **TAMPA FL 33619**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **BREWINGTON, MARC**
STREET ADDRESS **1501 LIONS CLUB DRIVE**
CITY-ST-ZIP **BRANDON FL 33511**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **REDDISH, TYRONE**
STREET ADDRESS **8103 JAD DR**
CITY-ST-ZIP **TAMPA FL 33619**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **WILLIAMS, GREGORY**
STREET ADDRESS **3117 BENT CREEK DR**
CITY-ST-ZIP **VALRICO FL 33594**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **GREEN, DARLENE**
STREET ADDRESS **5709 CHARLES DR**
CITY-ST-ZIP **TAMPA FL 33619**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

[Signature]

8/29/03

8/3 226 3159

CR2E037 (4/03)