

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005064

1. Entity Name

FOR THE FAMILY, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90137 039 ****61.25

Principal Place of Business

6909 N. ALBANY AVENUE
TAMPA FL 33604-5336

Mailing Address

6909 N. ALBANY AVENUE
TAMPA FL 33604-5336

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

59-2800289

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

COX, W. WARD
6909 N. ALBANY AVENUE
TAMPA FL 33604-5336

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

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	D	<input checked="" type="checkbox"/> Delete
NAME	ALESSANDRINI, BERNIE	
STREET ADDRESS	912 11TH AVENUE	
CITY-ST-ZIP	TAMPA FL 33605	
TITLE	D	<input type="checkbox"/> Delete
NAME	BICHSEL, JACK	
STREET ADDRESS	500 N. WESTSHORE BLVD., #605	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	D	<input type="checkbox"/> Delete
NAME	COOKE, LENOX	
STREET ADDRESS	POST OFFICE BOX 1110 N/A	
CITY-ST-ZIP	TAMPA FL 33601	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CRISTIANI, EVA	
STREET ADDRESS	407 N. PARSONS, #104A	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FLOM, EDWARD	
STREET ADDRESS	2910 W. BAY TO BAY BLVD.	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FREE, MARCIA REV.	
STREET ADDRESS	7308 E. FOWLER AVENUE	
CITY-ST-ZIP	TAMPA FL 33617	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALESSANDRINI, BERNIE	
STREET ADDRESS	P.O. BOX 5746	
CITY-ST-ZIP	TAMPA, FL 33675-5746	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRISTIANI, EVA	
STREET ADDRESS	1750 17TH STREET, BLDG. H	
CITY-ST-ZIP	SARASOTA, FL 34234	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOM, EDWARD	
STREET ADDRESS	2304 S. CARDENAS AVE.	
CITY-ST-ZIP	TAMPA, FL 33629	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEEL, JIMMIE	
STREET ADDRESS	P.O. BOX 1110	
CITY-ST-ZIP	TAMPA, FL 33601	

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:

W. WARD COX
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 12, 2000 (813) 932-1477
Date Daytime Phone #

CR2E037 (9/99)