

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90123 027 \*\*\*\*61.25

**DOCUMENT # N98000005064**

1. Entity Name

**FOR THE FAMILY, INC.**

Principal Place of Business

Mailing Address

6909 N. ALBANY AVENUE  
 TAMPA FL 33604-5336

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

4. FEI Number

**59-2800289**

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

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
 NAME **D ALESSANDRINI, BERNIE**  
 STREET ADDRESS **P.O. BOX 5746**  
 CITY-ST-ZIP **TAMPA FL 33675**

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

TITLE ☐ Delete  
 NAME **D BICHSEL, JACK**  
 STREET ADDRESS **500 N. WESTSHORE BLVD., #605**  
 CITY-ST-ZIP **TAMPA FL 33609**

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

TITLE ☐ Delete  
 NAME **D COOKE, LENOX**  
 STREET ADDRESS **POST OFFICE BOX 1110 - N/A**  
 CITY-ST-ZIP **TAMPA FL 33601**

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

TITLE ☐ Delete  
 NAME **D CRISTIANI, EVA**  
 STREET ADDRESS **1750 17 STREET BLDG H**  
 CITY-ST-ZIP **SARASOTA FL 34234**

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

TITLE ☒ Delete  
 NAME **D FLOM, EDWARD**  
 STREET ADDRESS **2304 SOUTH CARDENAS AVENUE**  
 CITY-ST-ZIP **TAMPA FL 33629**

TITLE ☒ Change ☐ Addition  
 NAME **DONALD MORRICK**  
 STREET ADDRESS **730 S. STERLING AV, SUITE 200**  
 CITY-ST-ZIP **TAMPA, FL 33609 - 4514**

TITLE ☐ Delete  
 NAME **D KEEL, JIMMIE**  
 STREET ADDRESS **P.O. BOX 1110**  
 CITY-ST-ZIP **TAMPA FL 33601**

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:** *W. WARD COX* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 5, 2002* *(813) 653-5239*

Date

Daytime Phone #

CR2E037 (9/01)