# 2000 UNIFORM BUSINESS REPORT (UBR)

5/8/(

**FILED**
**Jun 09, 2000 8:00 am**
**Secretary of State**
05-08-2000 90119 027 ****61.25

DOCUMENT # N99000000788

1. Entity Name

GRANDPARENTS RAISING GRANDCHILDREN, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 160 J.F.K. DR., SUITE 201<br>ATLANTIS FL 33462-6604 | 160 J.F.K. DR., SUITE 201<br>ATLANTIS FL 33462 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Sama | |
| Suite, Apt. #, etc. — | Suite, Apt. #, etc. — |
| City & State — | City & State — |
| Zip — Country — | Zip — Country — |

4. FEI Number 65-0984872 ☐ 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 |
|---|---|
| COLAVECCHIO, FRANIS R<br>160 J.F.K. DR., SUITE 201<br>ATLANTIS FL 33462-6604 | Name: Sama<br>Street Address (P.O. Box Number is Not Acceptable): —<br>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 Francis R. Colavecchio 6/5/2000
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☒ Addition<br>Secretary<br>GEORGE COLAVECCHIO<br>7631 Hollington Place<br>Lake Worth, FL 33467 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☒ Addition<br>PRESIDENT<br>FRANCIS R. COLAVECCHIO<br>4489 Sanderling Cir. E.<br>BOYNTON Bch, FL 33436 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☒ Addition<br>TREASORER<br>JOAN G. COLAVECCHIO<br>4489 Sanderling Cir. E<br>BOYNTON BCH, FL 33436 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
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CR2E037 (9/99)

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:** Francis R. Colavecchio 4/25/00 561-641-0400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #