

FILED
Jan 29, 2003 8:00 am
Secretary of State
01-09-2003 90141 031 ****70.00

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

DOCUMENT # N99000000788

1. Entity Name
GRANDPARENTS RAISING GRANDCHILDREN, INC.



Principal Place of Business
**160 J.F.K. DR., SUITE 201
ATLANTIS FL 33462-6804**

Mailing Address
**160 J.F.K. DR., SUITE 201
ATLANTIS FL 33462-6804**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

Same

Same



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0984872**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

Applied For
Not Applicable

6. Name and Address of Current Registered Agent
**COLAVECCHIO, FRANCIS R.
160 J.F.K. DR., SUITE 201
ATLANTIS FL 33462-6804**

7. Name and Address of New Registered Agent
Name **COLAVECCHIO, FRANCIS R.**
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

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 NAME STREET ADDRESS CITY-ST-ZIP	SD COLAVECCHIO, GEORGE 7831 HOLLINGTON PLACE LAKE WORTH FL 33467 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLAVECCHIO, FRANCIS R. 484 FORESTVIEW DR. ATLANTIS, FL 33462 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLAVECCHIO, FRANCIS 4489 SANDERLING CIR. E. BOYNTON BEACH FL 33436 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS COLAVECCHIO, JOAN G. 484 FORESTVIEW DR. ATLANTIS, FL 33462 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COLAVECCHIO, JOAN 4489 SANDERLING CIR. E. BOYNTON BEACH FL 33436 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Terry Mycroft 160 JFK DRIVE, Suite 201 ATLANTIS, FL 33462 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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** **RED FRANCIS R. Colavecchio** **01/06/03** **(561)641-0400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #