

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003170

1. Entity Name

Three Sisters Foundation for Families, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

6680 SW Pathfinder Glen

3. Mailing Address

RR4 Box 6680

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. White, Florida

City & State

Ft. White, Fl

Zip

32038

Country

USA

Zip

32038

Country

USA

FILED

00 OCT -6 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

[Handwritten Signature]

4. FEI Number

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

Susan Graham-Brown

RR4 Box 6680

Fort White, Florida 32038

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

[Handwritten Signature: Susan Graham-Brown]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

[Handwritten Date: Aug 7, 2000]

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
Trustee/Medical Dir.
Dr. Mary Robinson
4481 Shilo Lane
Jacksonville, Fl 32210

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
FOUNDER/Program Director, TRUSTEE
SUSAN GRAHAM-BROWN
RR4, Box 6680
FT. White, FLA 32038
07/18/00-01053-009
*****43.75 *****43.75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
200003826512-3
00/29/00-01023-001
*****17.50 *****17.50

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
FOUNDER/TRAINER/TRUSTEE
JOEY K. BROWN
RR4, Box 6680
FT. White, FLA 32038

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)(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:

[Handwritten Signature: Susan Graham-Brown]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Date: Aug. 7, 2000] 497-1854

Daytime Phone #

CR2E037 (9/99)