

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004166

1. Entity Name

FLORIDA FAMILY RESTORATION CENTER, INC.

(R)

FILED
Jun 16, 2000 8:00 am
Secretary of State

04-22-2000 90060 031 ****61.25

Principal Place of Business

Mailing Address

301 FAULKNER STREET
NEW SMYRNA BEACH FL 32168

301 FAULKNER STREET
NEW SMYRNA BEACH FL 32168-6709

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1015 Tenth Street

New Smyrna Beach

FL

32168

VOLVS 1A

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

SHARP, WILLIAM M
1015 TENTH STREET
NEW SMYRNA BEACH FL 32168

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME Sharp, William M. P
STREET ADDRESS 1015 Tenth Street EXD.
CITY-ST-ZIP NSB FL 32168

TITLE ☐ Change ☐ Addition
NAME Robert Cole V.
STREET ADDRESS 1854 Exmore Ave. D.
CITY-ST-ZIP Deltona FL 32725

TITLE ☐ Change ☐ Addition
NAME Shirley Lawless S.
STREET ADDRESS 9 Wildwood DR.
CITY-ST-ZIP Edgewater FL 32132

TITLE ☐ Change ☐ Addition
NAME Roger Remillard D.
STREET ADDRESS 1015 Tenth Street
CITY-ST-ZIP NSB FL 32168

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

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT COLE (PRESIDENT)

Date

Daytime Phone #

4-15-2000 (904) 4271174

CR2E037 (9/99)