

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004830

1. Entity Name

FLORIDA INSTITUTE FOR FAMILY INVOLVEMENT, INC.

Principal Place of Business

3927 SPRING CREEK HWY.
CRAWFORDVILLE FL 32327

Mailing Address

3927 SPRING CREEK HWY.
CRAWFORDVILLE FL 32327

2. Principal Place of Business

3927 Spring Creek Hwy
Suite, Apt. #, etc.

3. Mailing Address

3927 Spring Creek Hwy
Suite, Apt. #, etc.

City & State

Crawfordville, FL

City & State

Crawfordville, FL

4. FEI Number

59-3598666

Applied For

Not Applicable

Zip

32327

Country

Wakulla

Zip

32327

Country

Wakulla

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WELLS, CONN J
3927 SPRING CREEK HWY.
CRAWFORDVILLE FL 32327

7. Name and Address of New Registered Agent

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 ED
NAME WELLS, CONNIE
STREET ADDRESS 3927 SPRING CREEK HIGHWAY
CITY-ST-ZIP CRAWFORDVILLE FL 32327 ☐ Delete

TITLE P
NAME FAYNE, LORI
STREET ADDRESS 3993 BOBBIN BROOK
CITY-ST-ZIP TALLAHASSEE FL 32312 ☐ Delete

TITLE VPT
NAME DOTSON, KIM
STREET ADDRESS 2475 APALACHEE PARKWAY STE 205
CITY-ST-ZIP TALLAHASSEE FL 32301 ☐ Delete

TITLE SD
NAME GLUZ, DORI
STREET ADDRESS PO BOX 10475
CITY-ST-ZIP DAYTONA BEACH FL 32120 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90067 027 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)