

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 04, 2001 8:00 am**  
**Secretary of State**

06-04-2001 90008 010 \*\*\*\*61.25

0059563

**DOCUMENT # N99000006758**

1. Entity Name

**THE CENTER FOR FAMILY ENRICHMENT, INC.**

Principal Place of Business

Mailing Address

6614 S. MASCOTTE ST.  
 TAMPA FL 33616-1321

6614 S. MASCOTTE ST.  
 TAMPA FL 33616-1321

**661091**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3628864**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MOWREY, THOMAS A**  
**6614 S. MASCOTTE ST.**  
**TAMPA FL 33616-1321**

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.

(NOT) 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	DT	<input type="checkbox"/> Delete
NAME	ANGELO, GARY W	
STREET ADDRESS	3920 W. DELEON ST	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	DST	<input type="checkbox"/> Delete
NAME	CALHOON, MARY E	
STREET ADDRESS	4012 ROGERS AVE	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MOWREY, DONNA M	
STREET ADDRESS	6614 S. MASCOTTE ST	
CITY-ST-ZIP	TAMPA FL 33616-1321	
TITLE	P	<input type="checkbox"/> Delete
NAME	MOWREY, THOMAS A	
STREET ADDRESS	6614 S. MASCOTTE ST	
CITY-ST-ZIP	TAMPA FL 33616-1321	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

*Thomas Mowrey*

05/31/2001 (813) 805-2106

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, DIRECTOR

CR2E037 (10/00)