

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

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90298 030 ****61.25

DOCUMENT # N99000007189

1. Entity Name
UNITED FOR FAMILIES, INC.



Principal Place of Business

**1485 S SEMORAN BLVD
SUITE 1448
WINTER PARK FL 32792**

Mailing Address

**1485 S SEMORAN BLVD
SUITE 1448
WINTER PARK FL 32792**

2. Principal Place of Business

**10570 S. FEDERAL HWY,
SUITE 201**

3. Mailing Address

Suite, Apt. #, etc.

City & State

PORT ST. LUCIE, FL

City & State

PORT ST. LUCIE, FL

Zip
34952

Country
US

Zip

Country

4. FEI Number **59-3616410**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PATRICK, JIM
1485 S SEMORAN BLVD
SUITE 1448
WINTER PARK FL 32792**

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. 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

TITLE **PD** ☐ Delete
NAME **DEMARK, DIANE**
STREET ADDRESS **1253 VIA DEL MAR**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **SD** ☐ Delete
NAME **BOCCABELLA, LOUIS**
STREET ADDRESS **153 CAVALIER STREET**
CITY-ST-ZIP **PALM BAY FL 32909**

TITLE **D** ☒ Delete
NAME **VISALLI, CHARLES**
STREET ADDRESS **1990 KEYSTONE BLVD**
CITY-ST-ZIP **NORTH MIAMI FL 33181**

TITLE **D** ☐ Delete
NAME **NORRIS, CRIAG**
STREET ADDRESS **4813 HARVEST GLEN COURT**
CITY-ST-ZIP **FREDERICKSBURG VA 22408**

TITLE **D** ☒ Delete
NAME **COLLINS, CHAD**
STREET ADDRESS **2326 SW FRISCO TER**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34953**

TITLE **D** ☐ Delete
NAME **PRISCO, JO-ANN**
STREET ADDRESS **2641 SW TANFORAN BLVD**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34987**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **SILBERMAN, MARJORIE**
STREET ADDRESS **10570 S. FEDERAL HWY, STE 201**
CITY-ST-ZIP **PORT ST. LUCIE, FL 34952**

TITLE **D** ☐ Change ☒ Addition
NAME **BARBARINO-MAY, THERESA**
STREET ADDRESS **10570 S. FEDERAL HWY, STE 201**
CITY-ST-ZIP **PORT ST. LUCIE, FL 34952**

TITLE **D** ☐ Change ☒ Addition
NAME **JAMES PATRICK**
STREET ADDRESS **1485 S. SEMORAN BLVD, STE 1448**
CITY-ST-ZIP **WINTER PARK, FL 32792**

TITLE **D** ☐ Change ☒ Addition
NAME **CHALNICK, ROBERT**
STREET ADDRESS **10570 S. FEDERAL HWY, STE 201**
CITY-ST-ZIP **PORT ST. LUCIE, FL 34952**

TITLE **D** ☐ Change ☒ Addition
NAME **HARDING, MARY**
STREET ADDRESS **10570 S. FEDERAL HWY, STE 201**
CITY-ST-ZIP **PORT ST. LUCIE, FL 34952**

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 all other like empowered.

SIGNATURE: **DIANE DEMARK** 1/22/03 321-397-3000

CR2E037 (10/02)