

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90053 028 ***150.00

DOCUMENT # P01000086290

1. Entity Name

FAMILY INVESTMENT ENTERPRISES, INC.

Principal Place of Business

**924 MICANOPY DRIVE
 LAKELAND FL 33813**

Mailing Address

**924 MICANOPY DRIVE
 LAKELAND FL 33813**

2. Principal Place of Business

827 Oak Ln.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lakeland FL

City & State

Same

4. FEI Number

59-3746583

Applied For

Not Applicable

Zip

33813

Country

PO115

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**NEWTON, JAMES T
 5741 CHERRY TREE DRIVE
 LAKELAND FL 33811**

7. Name and Address of New Registered Agent

Name **James T. Newton**

Street Address (P.O. Box Number is Not Acceptable)

827 Oak Lane

City **Lakeland**

FL

Zip Code **33813**

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

James T. Newton

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/18/02

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	NEWTON, JAMES T	
STREET ADDRESS	5741 CHERRY TREE DRIVE	
CITY-ST-ZIP	LAKELAND FL 33811	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEWTON, KIMBERLY A	
STREET ADDRESS	5741 CHERRY TREE DRIVE	
CITY-ST-ZIP	LAKELAND FL 33811	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENDERSON-CARLISLE, TRACY L	
STREET ADDRESS	924 MICANOPY DRIVE	
CITY-ST-ZIP	LAKELAND FL 33813	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	James T. Newton	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James T. Newton	
STREET ADDRESS	2112 Reynolds Rd.	
CITY-ST-ZIP	Lakeland, FL 33801	
TITLE	Kimberly Newton	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kimberly Newton	
STREET ADDRESS	2243 Arrow Head Blvd	
CITY-ST-ZIP	Lakeland FL 33813	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Tracy L. Henderson-Carlisle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-02

Date

863-7094193

Daytime Phone #

CR2E034 (9/01)