

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

P01000095624

FILED

02 JUL -2 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01 000095624** ✓

1. Entity Name

FAMILY HARMONY INTERNATIONAL

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Sarasota, FL 34239
Suite, Apt. #, etc. **#315**
3800 TAMiami TRAIL

3. Mailing Address

2286 DATURA STREET
Suite, Apt. #, etc.

City & State

Sarasota, Florida

City & State

Sarasota, Florida

4. FEI Number

02-0533328

Applied For

Not Applicable

5. Certificate of Status Desired

DK

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **MARK A. LIBOWITZ MSW, ACSW**

Street Address (P.O. Box Number is Not Acceptable)
2286 Datura Street

City **Sarasota**

FL

Zip Code
34239

**DO NOT WRITE
IN THIS SPACE**

6. 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

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 **Director**
NAME **MARK A. LIBOWITZ, MSW, ACSW**
STREET ADDRESS **2286 Datura Street**
CITY - ST - ZIP **Sarasota, FL 34239**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **D -**
NAME **Zan Benham**
STREET ADDRESS **2839 Trinidad St.**
CITY - ST - ZIP **Sarasota, FL 34231**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **D Thomas Holderness**
NAME
STREET ADDRESS **2286 Datura St.**
CITY - ST - ZIP **Sarasota FL 34239**

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/02 (941) 685-6234

Date

Daytime Phone #

CR2E034B (12/01)