

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000026060

1. Entity Name

FRIENDS @ HOME, INC.

Principal Place of Business

2355 SYKES CREEK DRIVE  
MERRITT ISLAND FL 32953

Mailing Address

2355 SYKES CREEK DRIVE  
MERRITT ISLAND FL 32953-2928

2. Principal Place of Business

3680 Canaveral Groves Blvd

Suite, Apt. #, etc.

Cocoa, FL

City & State

3. Mailing Address

3680 Canaveral Groves Blvd

Suite, Apt. #, etc.

Cocoa, FL

City & State

Zip

32926

Country

USA

Zip

32926

Country

USA

6. Name and Address of Current Registered Agent

O'BRIEN, JAMES M ESQ.  
1686 WEST HIBISCUS BLVD.  
MELBOURNE FL 32901

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

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, 2000 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 ☐ Delete

NAME D  
STREET ADDRESS FARLEY, JOANN  
CITY-ST-ZIP 2355 SYKES CREEK DRIVE  
MERRITT ISLAND FL 32953

TITLE ☒ Delete

NAME D  
STREET ADDRESS FARLEY, JOSEPH C  
CITY-ST-ZIP 2355 SYKES CREEK DRIVE  
MERRITT ISLAND FL 32953

TITLE ☐ Delete

NAME D  
STREET ADDRESS MCKEE, CAROL L  
CITY-ST-ZIP 504 FILLMORE AVE., B-9  
CAPE CANAVERAL FL 32920

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Joann Farley* JOANN FARLEY  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-19-00 321-631-4005  
Daytime Phone #

FILED

Jan 26, 2000 8:00 am  
Secretary of State

01-26-2000 90114 037 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3286040

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required