

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000066910

1. Entity Name

FAMILY FOCUS FINANCIAL, INC.

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90921 017 \*\*\*150.00

Principal Place of Business

Mailing Address

211 CORAL SANDS DR.  
 ROCKLEDGE FL 32955

211 CORAL SANDS DR.  
 ROCKLEDGE FL 32955-2701

2. Principal Place of Business

2061 Advana St. NE.

Suite, Apt. #, etc.

3. Mailing Address

2061 Advana St. NE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Palm Bay FL

City & State

Palm Bay FL

4. FEI Number

59-3590367

Applied For

Not Applicable

Zip

32905

Country

US

Zip

32905

Country

US

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

CUNDIFF, JAMES A  
 211 CORAL SANDS DR.  
 ROCKLEDGE FL 32955

Name

Cundiff, James A.

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

2061 Advana St. NE.

City

Palm Bay

FL

Zip Code

32905

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 A. Cundiff

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	CUNDIFF, JAMES A	
STREET ADDRESS	2061 ADVANA STREET	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE		<input type="checkbox"/> Delete
NAME		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James Cundiff

Date

4/28/00

Daytime Phone #

(407)  
 724-2303

CR2E034 (9/99)