

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**  
 05-19-2000 90034 013 \*\*\*150.00

**DOCUMENT # P99000067428**

1. Entity Name

**FAMILY TIES OF FLAGLER COUNTY, INC.**

Principal Place of Business

Mailing Address

274 B PALM HARBOR SHPPG VILLAGE  
 PALM COAST FL 32137

274 B PALM HARBOR SHPPG VILLAGE  
 PALM COAST FL 32137

2. Principal Place of Business

274 B Palm Coast Pkwy NE  
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Palm Coast Florida

City & State

Zip

Country

32137

Flagler

4. FEI Number

59-3592492

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**HARDING, GINA B**  
 274 B PALM HARBOR SHPPG VILLAGE  
 PALM COAST FL 32137

7. Name and Address of New Registered Agent

Name Gina B. Harding  
 Street Address (P.O. Box Number is Not Acceptable)  
274 B Palm Coast Pkwy NE  
 City Palm Coast FL 32137

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

Gina B. Harding Gina B. Harding

5/1/00

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. **President** OFFICERS AND DIRECTORS

TITLE Barbara S. Brown ☐ Delete  
 NAME 1674 University Pkwy Lt 66  
 STREET ADDRESS Sarasota, FL 34243  
 CITY-ST-ZIP Vice President

TITLE Paul A. Brown ☐ Delete  
 NAME 1674 University Pkwy Lt 66  
 STREET ADDRESS Sarasota, FL 34243  
 CITY-ST-ZIP

TITLE Secretary ☐ Delete  
 NAME Gina B. Harding  
 STREET ADDRESS 111 Woodhaven Dr  
 CITY-ST-ZIP Palm Coast, FL 32164

TITLE Treasurer ☐ Delete  
 NAME Brenda Brown Taylor  
 STREET ADDRESS PO Box 1103  
 CITY-ST-ZIP Jallevast, FL 34270-1103

TITLE Director & Officer ☐ Delete  
 NAME Donald Brown  
 STREET ADDRESS 146 Fennimore Dr.  
 CITY-ST-ZIP Palm Coast, FL 32137

TITLE Director ☐ Delete  
 NAME David Brown  
 STREET ADDRESS 146 Fennimore Dr.  
 CITY-ST-ZIP Palm Coast, FL 32137

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Director ☐ Change ☒ Addition  
 NAME Paula Brown  
 STREET ADDRESS PO Box 556  
 CITY-ST-ZIP Whitier, NC 28789-0556

TITLE Director ☐ Change ☒ Addition  
 NAME Deanna Davis  
 STREET ADDRESS 1312 Brook Highland Ln  
 CITY-ST-ZIP Birmingham, AL 35242

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:

Gina B. Harding - Gina B. Harding - Treasurer 5/1/00 (904) 447-1012

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)