

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P990000069887
Entity Name

FAMILIES ON LINE CORPORATION

Principal Place of Business Mailing Address
400 E. Commercial Blvd
Suite 423
Fort Lauderdale, FL 33308

Principal Place of Business 3. Mailing Address
7400 EAST COMMERCIAL BLVD
Suite, Apt. #, etc.
423

City & State City & State
FORT LAUDERDALE, FL
Zip Country Zip Country
33308 USA

6. Name and Address of Current Registered Agent

DANIEL E. DATES
1500 E. ATLANTIC BLVD.
POMPAHO BEACH, FL 33060

4. FEI Number Applied For
65-1003500 Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
CEO	MARK C THURMAN	5411 NE 33 AVE	FORT LAUDERDALE FL 33308	<input type="checkbox"/>
COO	ROBERT D FINE	2820 NE 52 ST	FORT LAUDERDALE FL 33308	<input type="checkbox"/>
	ERIC J DRECHSEL	4301 NW 115 AVE	CORAL SPRINGS FL 33065	<input type="checkbox"/>
DIRECTOR	BRIAN CAMPBELL	504 STEPHANIE COURT	LAKE MARY FL 32746	<input type="checkbox"/>
DIRECTOR	WILLIAM NICHOLS	7700 NW 12 ST	MARGATE FL 32063	<input type="checkbox"/>
DIRECTOR	INMAN H FLOYD, II	812 RAINBOW FALLS ROAD	GRANITEVILLE SC 29829	<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DIRECTOR	TIMOTHY LACEY	120 PECAN LANE	WAYNESBORO GA 30630	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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: Mark C Thurman CEO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/20/00

Date

954 771 8558

Daytime Phone #

FILED
Jun 28, 2000 8:00 am
Secretary of State

06-28-2000 90030 001 ***550.00
06-28-2000 90030 002 *****8.75

17924

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)