2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2001 8:00 am
Secretary of State
07-10-2001 90130 029 ***550.00

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DOCUMENT # P99000080361

1. Entity Name
SPOTLIGHT ON FAMILIES, INC.

Principal Place of Business	Mailing Address
4630 N. UNIVERSITY DR., PMB 416 CORAL SPRINGS FL 33067	4630 N. UNIVERSITY DR., PMB 416 CORAL SPRINGS FL 33067

40707

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 1515 University Dr.	3. Mailing Address: 1515 University Dr.
Suite, Apt. #, etc.: Suite 103 A	Suite, Apt. #, etc.: Suite 103 A
City & State: Coral Spgs FL	City & State: Coral Spgs FL
Zip: 33071 Country	Zip: 33071 Country

4. FEI Number APPLIED FOR ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GREEN, ARTHUR J ESQ.
2825 UNIVERSITY DR., SUITE 350
CORAL SPRINGS FL 33065

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 Fay Roseman Director 7/5/01
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 $550.00
After September 12, 2001 Fee will be $750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D ROSEMAN, FAY 11434 NW 49TH DR. CORAL SPRINGS FL 33076 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (5/01)

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 REQUIRED Fay Roseman Director 7/5/01 954 755 8605
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

attachment Doc# P99000080361 - 767767

Form **SS-4**

(Rev. April 2000)

Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

▶ **Keep a copy for your records.**

EIN

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)
Spotlight on Families, Inc.

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name
Fay Roseman

4a Mailing address (street address) (room, apt., or suite no.)
1515 University Dr. Ste 103A

5a Business address (if different from address on lines 4a and 4b)

4b City, state, and ZIP code
Coral Spgs FL 33071

5b City, state, and ZIP code

6 County and state where principal business is located
Broward County, FL

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ▶ 266 335262
Fay Roseman

8a Type of entity (Check only one box.) (see instructions)
Caution: *If applicant is a limited liability company, see the instructions for line 8a.*

- ☐ Sole proprietor (SSN)
- ☐ Partnership
- ☐ REMIC
- ☐ State/local government
- ☐ Church or church-controlled organization
- ☐ Other nonprofit organization (specify) ▶ (enter GEN if applicable)
- ☐ Other (specify) ▶
- ☐ Personal service corp.
- ☐ National Guard
- ☐ Farmers' cooperative
- ☐ Estate (SSN of decedent)
- ☐ Plan administrator (SSN)
- ☐ Other corporation (specify) ▶
- ☐ Trust
- ☐ Federal government/military

8b If a corporation, name the state or foreign country (if applicable) where incorporated — State: Florida — Foreign country:

9 Reason for applying (Check only one box.) (see instructions)
- ☒ Started new business (specify type) ▶
- ☐ Hired employees (Check the box and see line 12.)
- ☐ Created a pension plan (specify type) ▶
- ☐ Banking purpose (specify purpose) ▶
- ☐ Changed type of organization (specify new type) ▶
- ☐ Purchased going business
- ☐ Created a trust (specify type) ▶
- ☐ Other (specify) ▶

10 Date business started or acquired (month, day, year) (see instructions)
9/10/99

11 Closing month of accounting year (see instructions)
12/31

12 First date wages or annuities were paid or will be paid (month, day, year). **Note:** *If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)* ▶

13 Highest number of employees expected in the next 12 months. **Note:** *If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)* ▶

Nonagricultural	Agricultural	Household
0	0	0

14 Principal activity (see instructions) ▶ Seminars

15 Is the principal business activity manufacturing? ☐ Yes ☒ No
If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check one box.
☒ Public (retail) ☐ Other (specify) ▶ ☐ Business (wholesale) ☐ N/A

17a Has the applicant ever applied for an employer identification number for this or any other business? ☒ Yes ☐ No
Note: *If "Yes," please complete lines 17b and 17c.*

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ▶ Security Lock & Key, Inc. Trade name ▶

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN
July 1990	Ft. Lauderdale, FL	59 3018470

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code): (954) 755-8605

Fax telephone number (include area code): ( )

Name and title (Please type or print clearly.) ▶ Fay Roseman

Signature ▶ Fay Roseman Date ▶ 7/13/01

Note: *Do not write below this line. For official use only.*

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying

Attachment DOC# P99000080361-767767

Spotlight on Families

July 18, 2001

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Madam or Sir:

Re: P99000080361

I am in receipt of your letter dated July 11, 2001 regarding the FEI number for the above corporation.

When the annual report was previously filed, I believed that my attorney had applied for an FEI number and indicated that on my form. I have since learned that he had not done so and I am enclosing a copy of the application form that was recently completed.

Please call me at (954)755-8605 if you have any further questions.

Yours very truly,

Fay Roseman

Fay M. Roseman, Ph.D.
Director

1515 University Drive ♦ Suite 103A ♦ Coral Springs, FL 33071