

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S87111

1. Entity Name

FLORIDA FAMILY FINANCE, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90079 039 ***150.00

Principal Place of Business

36851 US HWY 19 N
~~P.O. DRAWER 4580~~
 PALM HARBOR FL 34684
 US

Mailing Address

36851 US HWY 19 N
~~P.O. DRAWER 4580~~
 PALM HARBOR FL 34684-1233
 US

2. Principal Place of Business

36851 US Hwy 19N
 Suite, Apt. #, etc.

3. Mailing Address

36851 U.S. Hwy 19 N
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PALM HARBOR, FL

City & State

PALM HARBOR, FL

4. FEI Number

59-3091996

Applied For

Not Applicable

Zip

34684

Country

US

Zip

34684

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

KENYON, BRADLEY, W
 19400 US 19 N
 CLEARWATER FL 34618

7. Name and Address of New Registered Agent

Name KENYON, BRADLEY W.

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

36851 U.S. Hwy 19N

City

PALM HARBOR

FL

Zip Code

34684

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	P	<input type="checkbox"/> Delete
NAME	KENYON, B W	
STREET ADDRESS	36851 US HWY 19 N	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CARLSON, MARK	
STREET ADDRESS	36851 US HWY 19N	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KENYON, JANE	
STREET ADDRESS	36851 US HWY 19N	
CITY-ST-ZIP	PALM HARBOR FL 3684	
TITLE	T	<input type="checkbox"/> Delete
NAME	SAKAYAN, GEORGE	
STREET ADDRESS	36851 US HWY 19N	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

Bradley W. Kenyon Pres
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/00 727-942-7767

CR2E034 (9/99)