

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90160 025 ***150.00

0475695

DOCUMENT # J90345

1. Corporation Name

FAMILY DEVELOPMENT, INC.

Principal Place of Business

2033 MAIN STREET
STE 303
SARASOTA FL 34237
US

Mailing Address

2033 MAIN STREET
SUITE 303
SARASOTA FL 34237
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/28/1987

4. FEI Number

65-0004324

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SABA, RICHARD D.
2033 MAIN STREET
STE 303
SARASOTA FL 34237

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

D
NAME O'REILLY, CHRISTINE
STREET ADDRESS 5482 STILLWATER AVE.
CITY-ST-ZIP WESTERVILLE OH

TITLE ☐ DELETE

P
NAME GRANGER, PAUL F.
STREET ADDRESS 5008 INVERNESS DR
CITY-ST-ZIP SARASOTA FL

TITLE ☐ DELETE

D
NAME GRANGER, KEVIN K.
STREET ADDRESS 391 FALL RIVER DRIVE
CITY-ST-ZIP REYNOLDSBURG OH

TITLE ☐ DELETE

S
NAME GRANGER, KATHLEEN
STREET ADDRESS 5008 INVERNESS DR
CITY-ST-ZIP SARASOTA FL

TITLE ☐ DELETE

D
NAME BALLINGER, TERESA L.
STREET ADDRESS 1110 PINERIDGE DRIVE
CITY-ST-ZIP MARION OH.

TITLE ☐ DELETE

D
NAME GRANGER, JEFFREY F.
STREET ADDRESS 203 W ROSELAWN DR
CITY-ST-ZIP LOGANSPOUT IN

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☒ Addition

☐ Change

☒ Addition

☐ Change

☒ Addition

☐ Change

☒ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Katherine Harris, Secretary of State

3-10-99

941-351-1411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)