

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-14-2001 90509 009 ****61.25

DOCUMENT # N34590

1. Entity Name

ADOPTION ADVOCATES, INC.

Principal Place of Business

Mailing Address

11407 SEMINOLE BLVD
 LARGO FL 33778
 US

11407 SEMINOLE BLVD
 LARGO FL 33778
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2975865

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

**HAYES, KATHLEEN RAE
 11407 SEMINOLE BLVD
 LARGO FL 33778**

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 *Kathleen R. Hayes*
 Signature, typed or printed name of registered agent and title if applicable.

Kathleen R. Hayes
 (NOTE: Registered Agent signature required when reinstating)

3/12/01
 DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☒ Delete
NAME	DROZ, RONALD T.	
STREET ADDRESS	9435 KOGER BLVD, #104	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	SD	☒ Delete
NAME	MAAS, CHARLOTTE	
STREET ADDRESS	3298 21ST PLACE, S.W.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	DTV	☒ Delete
NAME	NUCKOLLS, DEBORAH	
STREET ADDRESS	1435-29TH AVENUE	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	DM	☐ Delete
NAME	HAYES, KATHLEEN R	
STREET ADDRESS	11417 HARBORSIDE CIRCLE	
CITY-ST-ZIP	LARGO FL	
TITLE	D	☒ Delete
NAME	DIAK, TERRY	
STREET ADDRESS	3203 JOHN MOORE ROAD	
CITY-ST-ZIP	BRANDON FL	
TITLE	D	☒ Delete
NAME	MUNAR, GENE	
STREET ADDRESS	417 20TH AVENUE, S.W.	
CITY-ST-ZIP	GAINESVILLE FL	

TITLE		☐ Change ☒ Addition
NAME	Hayes, Charles S.	
STREET ADDRESS	11407 Seminole Blvd	
CITY-ST-ZIP	Largo, FL 33778	
TITLE		☐ Change ☒ Addition
NAME	Hayes, Tara R.	
STREET ADDRESS	11407 Seminole Blvd	
CITY-ST-ZIP	Largo, FL 33778	
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		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kathleen R. Hayes
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/01
 Date

727 391-8096
 Daytime Phone #

CR2E037 (10/00)