

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 13, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90095 021 \*\*\*150.00

**DOCUMENT # N97000004049**

1. Entity Name

**ORLANDO FAMILY PLANNING CENTER, INC.**

Principal Place of Business

1103 LUCERNE TERRACE  
 ORLANDO FL 32806-1016

Mailing Address

1103 LUCERNE TERRACE  
 ORLANDO FL 32806-1016

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

**609 VIRGINIA DRIVE**

Suite, Apt. #, etc.

City & State

**ORLANDO FL**

Zip

**32803**

Country

4. FEI Number

**58-3460858**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**PENDERGRAFT, JAMES S**  
**1103 LUCERNE TERRACE**  
**ORLANDO FL 32806-1016**

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

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE **PD**  Delete  
 NAME **PENDERGRAFT, JAMES S. IV M**  
 STREET ADDRESS **1103 LUCERNE TERRACE**  
 CITY-ST-ZIP **ORLANDO FL 32806**

TITLE **D**  Delete  
 NAME **MULLIS, HEIDI**  
 STREET ADDRESS **1103 LUCERNE TERRACE**  
 CITY-ST-ZIP **ORLANDO FL 32806**

TITLE **D**  Delete  
 NAME **CLEMENTS, ESTRELLA**  
 STREET ADDRESS **1103 LUCERNE TERRACE**  
 CITY-ST-ZIP **ORLANDO FL 32806**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME **William Weatherford, Esq.**  
 STREET ADDRESS **1031 Morse Blvd, St 105**  
 CITY-ST-ZIP **Winter Park FL 32789**

TITLE  Change  Addition  
 NAME **Wayne Smalley**  
 STREET ADDRESS **1527 E Concord Street**  
 CITY-ST-ZIP **Orlando, FL 32803**

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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAMES S. PENDERGRAFT IV**  
**PRESIDENT** **6/13/00** **(407) 228-2808**

Date

Daytime Phone #

CR2E037 (9/99)