

# 2001 UNIFORM BUSINESS REPORT (UBR)

047148

DOCUMENT # N97000004049

1. Entity Name

ORLANDO FAMILY PLANNING CENTER, INC.

**FILED**

01 MAY 29 PM 4: 47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE *W529*

Principal Place of Business

1103 LUCERNE TERRACE  
ORLANDO FL 32806-1016

Mailing Address

609 VIRGINIA DR  
ORLANDO FL 32803

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-3460858

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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.

(NOT) 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  Delete  
NAME WEATHERFORD, WILLIAM  
STREET ADDRESS 1031 MORSE BLVD ST 105  
CITY-ST-ZIP WINTER PARK FL 32789

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

900004326529-8  
-05/29/01--01142--030  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

TITLE D  Delete  
NAME SMALLEY, WAYNE  
STREET ADDRESS 1527 E CONCORD ST  
CITY-ST-ZIP ORLANDO FL 32803

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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TITLE  Change  Addition  
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TITLE  Delete  
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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: *James S. Pendergraft III* JAMES S. PENDERGRAFT III 5/23/01 (407) 228-2808

CR2E037 (10/00)