

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 722148

1. Entity Name

ADFAM CHARITIES, INC.

Principal Place of Business

Mailing Address

4310 PABLO OAKS COURT
JACKSONVILLE FL 32224
US

P.O. BOX 19366
JACKSONVILLE FL 32245-9366
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

59-6128575

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

SKELTON, H.J.
4310 PABLO OAKS COURT
JACKSONVILLE FL 32224

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME DAVIS, LEE W
STREET ADDRESS 1 RIVERFRONT PLAZA #1404
CITY-ST-ZIP LOUISVILLE KY

TITLE ☒ Change ☐ Addition
NAME ONE RIVERFRONT PLAZA SUITE 1810
STREET ADDRESS
CITY-ST-ZIP

TITLE VTD ☐ Delete
NAME SKELTON, H.J.
STREET ADDRESS 3410 PABLO OAKS COURT
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME THORNE, SUSAN C
STREET ADDRESS 4310 PABLO OAKS COURT
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DP ☐ Delete
NAME DAVIS, ROBERT D
STREET ADDRESS 4310 PABLO OAKS COURT
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME CLOWE, D C
STREET ADDRESS 4310 PABLO OAKS COURT
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VAS ☐ Delete
NAME FRANCIS, H.D.
STREET ADDRESS 4310 PABLO OAKS COURT
CITY-ST-ZIP JACKSONVILLE FL

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:

Susan C. Thorne
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan C. Thorne

1-17-00

904/223-7480

Date

Daytime Phone #

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90011 020 ****61.25



DO NOT WRITE IN THIS SPACE