2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 25, 2000 8:00 am Secretary of State **DOCUMENT # 770776** 1. Entity Name ADVENT HOME YOUTH SERVICES, INC. 04-25-2000 90092 019 ****61.25 Principal Place of Business Mailing Address 900 COUNTY ROAD #950 900 COUNTY ROAD #950 CALHOUN TN 37309 CALHOUN TN 37309-5150 PAUDAGGOOD 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2332638 Not Applicable Country Zip Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SMOLIC, TAMARA 535 1/2 18TH AVE NE ST PETERSBERG FL 33704 City Zip Code Fl 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 **\$5.00** May Be Make Check Payable to FILE NOW: 9. Election Campaign Financing Trust Fund Contribution. **Department of State** Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. TITLE ☐ Addition ☐ Delete TITLE NAME SENIOR, BLONDEL E. NAME STREET ADDRESS STREET ADDRESS 900 COUNTY ROAD 950 CITY-ST-ZIP CITY-ST-ZIP CALHOUN TN 37309 Change ☐ Addition 🛂 Delete TITLE TITLE NAME ERSKINE, GERALD NAME Wilson Hats Rd. NE STREET ADDRESS STREET ADDRESS 2850 N OCOEE CITY-ST-7IP CITY-ST-ZIF **CLEVELAND TN 37311** ☐ Addition ☐ Delete TITLE TITLE NAME NAME SENIOR, GLORIA STREET ADDRESS STREET ADDRESS 900 COUNTY ROAD 950 CITY-ST-ZIP CITY-ST-ZIP CALHOUN TN 37309 ☐ Change ☐ Addition ☐ Delete TITLE 7171 F Ð NAME **BOLIN, HARVEY** STREET ADDRESS STREET ADDRESS 1160 10TH ST. NW #5 CITY-ST-ZIP CITY-ST-ZIP CLEVELAND TN 37311 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME JOHNSON, TODD STREET ADDRESS STREET ADDRESS 3900 TUNNELL HILL RD SW CITY-ST-ZIP CITY-ST-ZIP **CLEVELAND TN 37311** Delete Change TITLE Addition TITLE Kim Busl LANCE, HAROLD NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: 🚜

RT.3-BOX 350

DUNLAP TN

STREET ADDRESS

CITY-ST-ZIP

Senior 670ma SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

423<u>336-5052</u> Date

3730 a

5340 Layton Ln.

HPISON