

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
 05-28-2002 91607 004 ****61.25

DOCUMENT # 770776

1. Entity Name

ADVENT HOME YOUTH SERVICES, INC.

Principal Place of Business

Mailing Address

900 COUNTY ROAD #950
 CALHOUN TN 37309-5150
 US

900 COUNTY ROAD #950
 CALHOUN TN 37309-5150
 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

59-2332638

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

SMOLIC, TAMARA
1084 82ND TERRACE N. UNIT C
SAINT PETERSBURG FL 33702

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 **SENIOR, BLONDEL E.**
 STREET ADDRESS **900 COUNTY ROAD 950**
 CITY-ST-ZIP **CALHOUN TN 37309**

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

TITLE **C** ☒ Delete
 NAME **KIRBY, RUTH**
 STREET ADDRESS **252 SOUTH WILSON HEIGHTS ROAD NE**
 CITY-ST-ZIP **CLEVELAND TN 37312**

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

TITLE **STD** ☐ Delete
 NAME **SENIOR, GLORIA**
 STREET ADDRESS **900 COUNTY ROAD 950**
 CITY-ST-ZIP **CALHOUN TN 37309**

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

TITLE **D** ☐ Delete
 NAME **HUGGINS, DELWIN**
 STREET ADDRESS **9413 APISON PIKE, SUITE 200**
 CITY-ST-ZIP **OOLETEWAH TN 37363**

TITLE **C** ☒ Change ☐ Addition
 NAME **Huggins, Delwin**
 STREET ADDRESS **9413 Apison PK, Ste. 200**
 CITY-ST-ZIP **Ooltewah, TN 37363**

TITLE **D** ☐ Delete
 NAME **PALMER, BRENT**
 STREET ADDRESS **P O BOX 1143**
 CITY-ST-ZIP **CORINTH MS 38834**

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

TITLE **D** ☐ Delete
 NAME **BUSL, KIM**
 STREET ADDRESS **5340 LAYTON LANE**
 CITY-ST-ZIP **APISON TN 37302**

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:

Blondel E. Senior
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/01 423-336-5052

CR2E037 (9/01)