

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90080 016 ****61.25

DOCUMENT # F96000003648

1. Entity Name

OPEN DOOR ADOPTION AGENCY, INC.

Principal Place of Business

Mailing Address

**403-B NORTH BROAD ST
 THOMASVILLE GA 31792**

**403-B NORTH BROAD ST
 THOMASVILLE GA 31792**

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

58-1703392

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

**FLEMING, ELEANOR
 COMMUNITY SERVICES BLDG
 303 N. MADISON ST
 QUINCY FL 32351**

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

Eleanor M. Fleming

(NOTE: Registered Agent signature required when reinstating)

DATE

1/17/01

**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

T
 HUNTER, RODNEY
 200 YORKSHIRE COURT
 THOMASVILLE GA 31792

☐ Delete

S
 MILTON, GALE
 104 KINGS FOREST DRIVE
 THOMASVILLE GA 31792

☐ Delete

C
 SULLIVAN, SALLY
 510 SPRINGLAKE ROAD
 THOMASVILLE GA 31792

☐ Delete

P
 GILBERT, WALTER E
 919 GORDON AVE
 THOMASVILLE GA 31792

☐ Delete

☐ Delete

☐ Delete

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

Walter E. Gilbert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/17/01

912-228-6339

CR2E037 (10/00)