

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 17, 2001 8:00 am**  
**Secretary of State**

07-17-2001 90002 050 \*\*\*150.00

**DOCUMENT # K04870**

**1. Entity Name**  
**AMANDAS ADULT FAMILY CARE HOME, INC.**

*(LPA)*

Principal Place of Business <b>2052-54 SYRACUSE CT. PALM BAY FL 32905</b>	Mailing Address <b>2052-54 SYRACUSE CT. PALM BAY FL 32905</b>
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

**4. FEI Number** **59-2863915** Applied For  Not Applicable

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**LIDLAW, BERNICE**  
**2052-2054 SYRACUSE CT., N.E.**  
**PLAM BAY FL 32905**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**   
 (See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing Trust Fund Contribution.**  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>FERGUSON, PATRICIA</b> <b>2052-54 SYRACUSE CT</b> <b>PALM BAY FL 32905</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>LIDLAW, BERNICE</b> <b>2052-54 SYRACUSE CT</b> <b>PALM BAY FL 32905</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Bernice Lidlaw*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CFR2E034 (5/01)

ATTACHMENT  
A0071501

Adult Family Care Home Inc  
2052 Syracuse Ct NE  
Palm Bay FL 32905

K04870

July 10th, 2001

Division of Corporations  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee FL 32302-1500

Re: Abatement of Penalty for Late Filing  
Document # K04870

To Whom It May Concern:

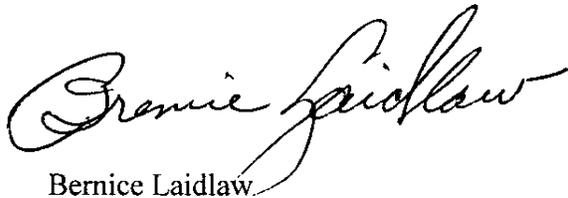
I respectfully request an abatement of penalties levied for late filing of my Uniform Business Report.

I recently made a name change to my business, and was very upset to find the paperwork I received back was erroneous. I have spent the last month or so trying to get it straightened out with all my clients and various state agencies. Unfortunately, in the scramble to get everything filled out correctly, I inadvertently overlooked the mailing of this important form.

I have now taken care of this matter with the enclosed check and form and I can assure you that it will never happen again. I normally file everything in a timely and correct manner.

I would appreciate your forbearance and any help you can give me in this instance.

Very truly yours,



Bernice Laidlaw

Encl: Check in amount of \$150.00  
Uniform Business Report # K04870