

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000006371

1. Entity Name

**MONROE COUNTY FOSTER ADOPTIVE PARENT ASSOCIATION
INCORPORATED**

Principal Place of Business

Mailing Address

333 FLEMING ST.
KEY WEST FL 33040

333 FLEMING ST.
KEY WEST FL 33040

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

65-1138542

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

**SMITH, WAYNE LARUE
THE SMITH LAW FIRM
333 FLEMING ST.
KEY WEST FL 33040**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
min. will be \$236.25.**

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 ☐ Delete
NAME **DP**
STREET ADDRESS **BARISH, B. JULI**
CITY-ST-ZIP **1328-B SEMINARY ST.
KEY WEST FL 33040**

TITLE ☒ Change ☐ Addition
NAME **DP**
STREET ADDRESS **BARISH, B. JULI**
CITY-ST-ZIP **1328-B SEMINARY ST.
KEY WEST FL 33040**

TITLE ☐ Delete
NAME **DV**
STREET ADDRESS **KING, ALLISON**
CITY-ST-ZIP **29057 GERANIUM AVE.
BIG PINE KEY FL 33043**

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

TITLE ☐ Delete
NAME **DS**
STREET ADDRESS **ROBERTS, DONNA**
CITY-ST-ZIP **17 OSPREY DR.
KEY LARGO FL 33037**

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

TITLE ☐ Delete
NAME **DT**
STREET ADDRESS **ADAMS, JOHN**
CITY-ST-ZIP **720 84TH ST. OCEAN
MARATHON FL 33050**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *[Signature]* **SIGNATURE REQUIRED**

9/4/02 305 296 7941

CR2E037 (4/02)

FILED
Sep 08, 2002 8:00 am
Secretary of State

05-28-2002 91511 021 ****61.25

09-08-2002 90124 006 ****61.25



DO NOT WRITE IN THIS SPACE