

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N06751

1. Entity Name

ADOPT-A-FAMILY OF MANATEE, INC.

Principal Place of Business

P O BOX 1553  
BRADENTON FL 34206

Mailing Address

P O BOX 1553  
BRADENTON FL 34206

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-2497609

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

HUFFMAN, B.H.  
6104 D. EVERGREEN CIR  
BRADENTON FL 34209

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

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

(NOTE: Registered Agent signature required when re-registering)

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

TITLE NAME ☐ Delete

DP HUFFMAN, BARBARA H.  
STREET ADDRESS 6104D EVERGREEN CIR  
CITY-ST-ZIP BRADENTON FL

TITLE NAME ☒ Delete

DT MORRIS, ELLIS  
STREET ADDRESS 1115 29TH AVE SW  
CITY-ST-ZIP BRADENTON FL 34205

TITLE NAME ☒ Delete

DS DEY, LORRAIN  
STREET ADDRESS 5623 28TH STREET W  
CITY-ST-ZIP BRADENTON FL

TITLE NAME ☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☒ Addition

Jim Gray  
3018 Riverwoods Drive  
Parrish, FL 34219

TITLE NAME ☐ Change ☒ Addition

Director - Sec.  
Dick Sawday  
P.O. Box 1553  
Bradenton, FL 34206

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

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 REQUIRED

Date

4/4/01 941-756-9827

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)