

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N17264

1. Entity Name

MY FATHER'S LOVE, INC.

Principal Place of Business

2608 S. BUMBY AVE.  
ORLANDO FL 32806

Mailing Address

2608 S. BUMBY AVE.  
ORLANDO FL 32806-5015

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EDMONDSON, BILLIE  
1103 NSHORE DR  
EUSTIS FL 32726

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 ☐ Delete  
NAME DP  
STREET ADDRESS EDMONDSON, BILLIE  
CITY-ST-ZIP 1103 NORTSHORE DR  
EUSTIS FL 32726

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS EDMONDSON, DANA  
CITY-ST-ZIP 1103 NORTSHORE DR  
EUSTIS FL 32726

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

TITLE ☐ Delete  
NAME T  
STREET ADDRESS CLAY, FRANK  
CITY-ST-ZIP 1077 CAVERN DR  
APOPKA FL 32712

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2/17/00

Daytime Phone #

FILED  
Feb 20, 2000 8:00 am  
Secretary of State

02-20-2000 90039 031 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2741298

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

CR2E037 (9/99)