

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2001 8:00 am**  
**Secretary of State**

09-12-2001 90009 034 \*\*\*\*70.00

**DOCUMENT # N25505**

1. Entity Name

**THE FORREST ADVISORY COUNCIL INC.**

(18)

Principal Place of Business

C/O PATRICIA M HOLCOMB  
 176 NE 168TH COURT  
 SILVER SPRINGS FL 34488  
 US

Mailing Address

C/O PATRICIA M HOLCOMB  
 176 NE 168TH COURT  
 SILVER SPRINGS FL 34488  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

C/O Genevieve F. Hanna

Suite, Apt. #, etc.

3. Mailing Address

18801 SE 17 Place

Suite, Apt. #, etc.

City & State

Silver Springs

City & State

Florida

Zip

34488

Country

U.S.A.

Zip

34488

Country

Marion

4. FEI Number

59-2952857

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

HANNA, GENEVIEVE F  
 18801 SE 17 PLACE  
 SILVER SPRINGS FL 34488

7. Name and Address of New Registered Agent

Name Same

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**

**After September 12, 2001, 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

TITLE DP  
 NAME HOLCOMB, PATRICIA M  
 STREET ADDRESS 176 NE 168TH COURT  
 CITY-ST-ZIP SILVER SPRINGS FL 34488 ☒ Delete

TITLE DV  
 NAME ADKINS, MADDY  
 STREET ADDRESS 427 SE 162 TER  
 CITY-ST-ZIP SILVER SPRINGS FL 34488 ☒ Delete

TITLE DS  
 NAME STONE, PAT  
 STREET ADDRESS 209 NE 168TH COURT  
 CITY-ST-ZIP SILVER SPRINGS FL 34488 ☐ Delete

TITLE TD  
 NAME HANNA, GENEVIEVE F.  
 STREET ADDRESS 18801 S.E. 17TH PL  
 CITY-ST-ZIP SILVER SPRINGS FL ☐ Delete

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP  
 NAME KLEBES, THEODORE F. JR  
 STREET ADDRESS 171 N.E. 167 TH COURT  
 CITY-ST-ZIP SILVER SPRINGS, FL 34488 ☒ Change ☐ Addition

TITLE DV  
 NAME MACFARLAND, NANCY  
 STREET ADDRESS 391 SE 165TH CT. RD.  
 CITY-ST-ZIP SILVER SPRINGS, FL 34488 ☒ Change ☐ Addition

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

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

TITLE ☐ Change ☐ Addition  
 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, without other like empowered.

SIGNATURE:

THEODORE F. KLEBES, JR 7/13/01 (35) 625-1402

CR2E037 (5/01)