

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90355 033 \*\*\*\*70.00

**DOCUMENT # N25505**

1. Entity Name

**THE FORREST ADVISORY COUNCIL INC.**

Principal Place of Business

Mailing Address

**C/O GENEVIEVE F HANNA  
 18801 SE 17TH PLACE  
 SILVER SPRINGS FL 34488  
 US**

**C/O GENEVIEVE F HANNA  
 18801 SE 17TH PLACE  
 SILVER SPRINGS FL 34488  
 US**

2. Principal Place of Business

3. Mailing Address

**C/O Genevieve F. Hanna**

**18801 SE 17 Place**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Silver Springs, FL 34488**

Zip Country

Zip Country

**34488**

**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

7. Name and Address of New Registered Agent

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

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

*Genevieve F Hanna*

*4/8/02*

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 **DV** ☒ Delete  
 NAME **MACFARLAND, NANCY**  
 STREET ADDRESS **391 SE 165TH COURT RD**  
 CITY-ST-ZIP **SILVER SPRINGS FL 34488**

TITLE **DV** ☒ Change ☐ Addition  
 NAME **Lori Soucey**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DP** ☐ Delete  
 NAME **KLEBES, THEODORE F JR**  
 STREET ADDRESS **171 NE 167TH COURT**  
 CITY-ST-ZIP **SILVER SPRINGS FL 34488**

TITLE **DS** ☒ Change ☐ Addition  
 NAME **Olga Cross**  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

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

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

*Theodore F. Klebes Jr.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4/8/02 (352) 625-1402*

CP2E037 (9/01)