

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 13, 2001 8:00 am
Secretary of State

09-13-2001 90016 006 ****61.25

DOCUMENT # N32605

1. Entity Name

ADOPTIONS BY CHOICE, INC.

LA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

% 4102 W. LINEBAUGH AVENUE
 SUITE 200
 TAMPA FL 33624

% 4102 W. LINEBAUGH AVENUE
 SUITE 200
 TAMPA FL 33624

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

31-1277875

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WEST, DEBRA L.
4102 W. LINEBAUGH AVENUE
SUITE 200
TAMPA FL 33624

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

Debra L. West

9/5/2001

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
 NAME MAY VICKI
 STREET ADDRESS 4102 W LINEBAUGH AVE STE 200
 CITY-ST-ZIP TAMPA FL 33624 ☒ Delete

TITLE STD
 NAME GROSCHOPF, EILEEN
 STREET ADDRESS 4102 W LINEBAUGH AVE STE 200
 CITY-ST-ZIP TAMPA FL 33624 ☒ Delete

TITLE T
 NAME NOPPENBERGER, EDIE
 STREET ADDRESS 4102 W LINEBAUGH AVE STE 200
 CITY-ST-ZIP TAMPA FL 33624 ☐ Delete

TITLE T
 NAME ZELASKO, SUE
 STREET ADDRESS 4102 W LINEBAUGH AVE STE 200
 CITY-ST-ZIP TAMPA FL 33624 ☐ Delete

TITLE T
 NAME DORMOIS BEVERLY
 STREET ADDRESS 4102 W LINEBAUGH AVE STE 200
 CITY-ST-ZIP TAMPA FL 33624 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE PD
 NAME Gail Crowder
 STREET ADDRESS 4102 W Linebaugh Ave
 CITY-ST-ZIP Tampa FL 33624 ☐ Change ☒ Addition

TITLE
 NAME Brandee Miner
 STREET ADDRESS 4102 W Linebaugh Ave
 CITY-ST-ZIP Tampa FL 33624 ☐ Change ☒ Addition

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

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

TITLE
 NAME Mary Lou Wright
 STREET ADDRESS 4102 W Linebaugh Ave
 CITY-ST-ZIP Tampa FL 33624 ☐ Change ☒ Addition

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

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

9/5/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/01)