

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37090

1. Entity Name

SARASOTA ADOPT-A-FAMILY, INC.

FILED
Jun 06, 2000 8:00 am
Secretary of State

06-06-2000 90004 025 ****61.25

Principal Place of Business

Mailing Address

2072 17TH ST
SARASOTA FL 34234
US

P.O. BOX 14028
SARASOTA FL 34278-4028
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0177826

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEARD, ALICE A.
3910 BRAZILNUT AVE.
SARASOTA FL 34234

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 PD ☐ Delete
NAME BEARD, ALICE A.
STREET ADDRESS 3910 BRAZILNUT AVE.
CITY-ST-ZIP SARASOTA FL

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

TITLE S ☐ Delete
NAME SMITH, CHERYL
STREET ADDRESS 2744 AUSTIN ST
CITY-ST-ZIP SARASOTA FL 34231

TITLE D ☐ Change ☒ Addition
NAME MADELINE BENNETT
STREET ADDRESS 2229 ROSE ST
CITY-ST-ZIP SARASOTA, FL 34239

TITLE D ☒ Delete
NAME HENDRICK, DAVID
STREET ADDRESS 3326 7TH ST
CITY-ST-ZIP SARASOTA FL 34237

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

TITLE VDS ☐ Delete
NAME STRATTMANN, GENE
STREET ADDRESS 244-F 9TH ST.
CITY-ST-ZIP SARASOTA FL

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

TITLE D ☐ Delete
NAME BEARD, LEVITT
STREET ADDRESS 3910 BRAZILNUT AVE.
CITY-ST-ZIP SARASOTA FL

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

TITLE T ☐ Delete
NAME PALLER, ORRIE 4
STREET ADDRESS 4632 OAK FOREST DR.
CITY-ST-ZIP SARASOTA FL 34232

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:

ALICE BEARD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-955-6767
941-355-0821

CR2E037 (9/99)