

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90017 039 ****70.00

DOCUMENT # N37090

1. Entity Name

SARASOTA ADOPT-A-FAMILY, INC.

Principal Place of Business

**2072 17TH ST
 SARASOTA FL 34234
 US**

Mailing Address

**P.O. BOX 14028
 SARASOTA FL 34278
 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

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

TITLE **D** ☐ Delete
 NAME **BENNETT, MADELINE**
 STREET ADDRESS **2229 ROSE ST.**
 CITY-ST-ZIP **SARASOTA FL 34239**

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 A Beard
 President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-22-02 941-955-6767

CR2E037 (9/01)