

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 16, 2003 8:00 am**  
**Secretary of State**

06-16-2003 90144 036 \*\*\*\*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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Alice A. Beard*  
Signature, typed or printed name of registered agent and title if applicable.

*Alice A Beard - President 6-12-03*  
(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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                     |                                 |
|----------------|---------------------|---------------------------------|
| TITLE          | PD                  | <input type="checkbox"/> Delete |
| NAME           | BEARD, ALICE A.     |                                 |
| STREET ADDRESS | 3910 BRAZILNUT AVE. |                                 |
| CITY-ST-ZIP    | SARASOTA FL         |                                 |
| TITLE          | S                   | <input type="checkbox"/> Delete |
| NAME           | SMITH, CHERYL       |                                 |
| STREET ADDRESS | 2744 AUSTIN ST      |                                 |
| CITY-ST-ZIP    | SARASOTA FL 34231   |                                 |
| TITLE          | D                   | <input type="checkbox"/> Delete |
| NAME           | BENNETT, MADELINE   |                                 |
| STREET ADDRESS | 2229 ROSE ST.       |                                 |
| CITY-ST-ZIP    | SARASOTA FL 34239   |                                 |
| TITLE          | VDS                 | <input type="checkbox"/> Delete |
| NAME           | STRATTMANN, GENE    |                                 |
| STREET ADDRESS | 244-F 9TH ST.       |                                 |
| CITY-ST-ZIP    | SARASOTA FL         |                                 |
| TITLE          | D                   | <input type="checkbox"/> Delete |
| NAME           | BEARD, LEVITT       |                                 |
| STREET ADDRESS | 3910 BRAZILNUT AVE. |                                 |
| CITY-ST-ZIP    | SARASOTA FL         |                                 |
| TITLE          | T                   | <input type="checkbox"/> Delete |
| NAME           | PALLER, ORRIE 4     |                                 |
| STREET ADDRESS | 4632 OAK FOREST DR. |                                 |
| CITY-ST-ZIP    | SARASOTA FL 34232   |                                 |

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> 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*  
Signature, typed or printed name of registered agent and title if applicable.

6-12-03 941-955-6767

CR2E037 (10/02)