

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90247 043 ****61.25

DOCUMENT # N44054

1. Entity Name

A BOND OF LOVE ADOPTION AGENCY, INC.

Principal Place of Business

1800 SIESTA DR
 SARASOTA FL 34239
 US

Mailing Address

1800 SIESTA DR
 SARASOTA FL 34239
 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

65-0307813

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

STOCKHAM, SUSAN L.
1126 TARA VISTA
SARASOTA FL 34232

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

TITLE PD
 NAME STOCKHAM, SUSAN L. ☐ Delete
 STREET ADDRESS 1126 TARA VISTA
 CITY-ST-ZIP SARASOTA FL

TITLE D
 NAME SINGLETON, LINDA ☐ Delete
 STREET ADDRESS 4619 SANDPINE LN
 CITY-ST-ZIP SARASOTA FL 34241

TITLE D
 NAME SIMS, CECIL ☐ Delete
 STREET ADDRESS 4009 LANCASTER DR
 CITY-ST-ZIP SARASOTA FL 34241

TITLE D
 NAME HESTER, JACKIE ☐ Delete
 STREET ADDRESS 3233 SECLUSION
 CITY-ST-ZIP SARASOTA FL 34239

TITLE COB
 NAME MILLER, KEN ☐ Delete
 STREET ADDRESS 7605 RICHARDSON RD
 CITY-ST-ZIP SARASOTA FL

TITLE D
 NAME BRADY, LEANN ☐ Delete
 STREET ADDRESS 3057 NOVUS CT
 CITY-ST-ZIP SARASOTA FL 34237

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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 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:

Ken Miller **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/8/01

941-371-3809

CR2E037 (10/00)