

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

FILED
Jun 12, 2003 8:00 am
Secretary of State

05-23-2003 90148 013 ****70.00

DOCUMENT # N45496

1. Entity Name

MID-FLORIDA ADOPTION REUNION INC.

Principal Place of Business

**5910 SE 127 LANE
BELLEVUE FL 34420**

Mailing Address

**P O BOX 3475
BELLEVUE FL 34421
US**

55047880

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0293895**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**KNOTT, LINDA
5910 SE 127 LANE
BELLEVUE FL 34420**

7. Name and Address of New Registered Agent

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

Linda R. Knott

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/18/03

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

TITLE	P	<input type="checkbox"/> Delete
NAME	KNOTT, LINDA	
STREET ADDRESS	5910 SE 127 LANE	
CITY-ST-ZIP	BELLEVUE FL 34420	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	KNOTT, REUBEN	
STREET ADDRESS	5910 SE 127 LANE	
CITY-ST-ZIP	BELLEVUE FL 34420	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RUSSELL, MARGARET T.	
STREET ADDRESS	2009 NE 52RD	
CITY-ST-ZIP	OCALA FL	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	PARKER, MARIANE	
STREET ADDRESS	P.O. BOX 3884 N/A	
CITY-ST-ZIP	OCALA FL 32878	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	FITZPATRICK, MAXINE	
STREET ADDRESS	2401 NE 19TH AVE	
CITY-ST-ZIP	OCALA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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:

SIGNATURE REQUIRED

Linda R. Knott

352-307-9600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)