

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47536

1. Entity Name

FLORIDA ASSOCIATION OF ADOPTION LAWYERS, INC.

**FILED**  
May 02, 2001 8:00 am  
Secretary of State

05-02-2001 90189 022 \*\*\*\*61.25

Principal Place of Business

660 E JEFFERSON ST.  
TALLAHASSEE FL 32301

Mailing Address

660 E JEFFERSON ST.  
TALLAHASSEE FL 32301

2. Principal Place of Business

3. Mailing Address

3 Clifford Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Shalimar, FL

Zip

Country

Zip

Country

32579

USA

4. FEI Number

59-3107660

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

ELLIOTT, MADORINA F  
660 E JEFFERSON ST  
TALLAHASSEE FL 32301

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 NAME STREET ADDRESS CITY-ST-ZIP	DP ELLIOTT, MADONNA F 660 E JEFFERSON ST TALLAHASSEE FL 32301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS ROBINSON, HARRELL R 3 CLIFFORD DR SHALIMAR FL 32579	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MC INTYRE, LINDA 98 SE SIXTH AVE., STE 1 DELRAY BCH FL 33483	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 and all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

ROBINSON R. HARRELL 4/26/01 850-651-3210

Date

Daytime Phone #

CR2E037 (10/00)