

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

01-30-2002 90139 014 ****61.25

DOCUMENT # N47536

1. Entity Name

FLORIDA ASSOCIATION OF ADOPTION LAWYERS, INC.

Principal Place of Business

**660 E JEFFERSON ST.
TALLAHASSEE FL 32301**

Mailing Address

**3 CLIFFORD DRIVE
SHALIMAR FL 32579**

00014137

2. Principal Place of Business

3 Clifford Drive

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Shalimar, Florida

City & State

4. FEI Number

59-3107660

Applied For

Not Applicable

Zip
32579

Country
Okaloosa

Zip

Country

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, MADONNA F
660 E JEFFERSON ST
TALLAHASSEE FL 32301**

Name

Robison R. Harrell

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

3 Clifford Drive

City

Shalimar

FL

Zip Code

32579

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

Robison R. Harrell **Robison R. Harrell President, February 28, 2002**

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
**DTS
ROBINSON, HARRELL R
3 CLIFFORD DR
SHALIMAR FL 32579** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPTS
Harrell, Robison R.
3 Clifford Drive
Shalimar, FL 32579** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
MC INTYRE, LINDA
98 SE SIXTH AVE., STE 1
DELRAY BCH FL 33483** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Elliott, Madonna F.
660 E. Jefferson Street
Tallahassee, FL 32301** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 197, 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 ROBINSON R. HARRELL

850-651-5225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3/01)

FLORIDA ASSOCIATION OF ADOPTION LAWYERS, INC.

ROBISON R. HARRELL, PRESIDENT
3 CLIFFORD DRIVE

SHALIMAR, FLORIDA 32579

(850) 651-1111

FAX (850) 651-3210

March 1, 2002

FLORIDA DEPARTMENT OF STATE

Ms. Katherine Harris

Secretary of State

Division of Corporations

Uniform Business Report Filings

P.O. Box 6327

Tallahassee, Florida 32399

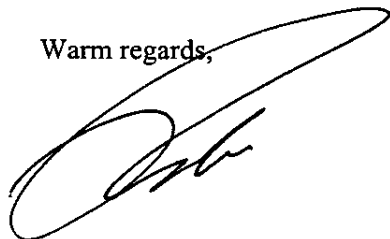
RE: Florida Association of Adoption Lawyers, Inc.

Dear Ms. Harris:

Enclosed is the *corrected* **2002 Uniform Business Report** for the Florida Association Of Adoption Lawyers, Inc..

I apologize for the omission of Madonna Elliott as a director in the previously filed report.

Warm regards,



ROBISON R. HARRELL

RRH/af

Enclosures: *Corrected* **2002 Uniform Business Report** for the Florida Association Of Adoption Lawyers, Inc.