

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N92000000395**

1. Entity Name

ADOPTION AGENCY OF CENTRAL FLORIDA, INC.**FILED****Apr 27, 2001 8:00 am**
Secretary of State

04-27-2001 90329 026 ****61.25

0023407

Principal Place of Business

**1681 N MAITLAND AVENUE
MAITLAND FL 32751
US**

Mailing Address

**1681 MAITLAND AVE
SUITE 5
MAITLAND FL 32751
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

59-3185350

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

**BARNBY, LINDA J
1631 MAITLAND AVE.
STE. 6
MAITLAND FL 32751**

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 ☐ Delete
NAME **PD**
STREET ADDRESS **BARNBY, E.W.**
CITY-ST-ZIP **1554 N CAROLWOOD BLVD
FERN PARK FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **VSTD**
STREET ADDRESS **CURTO, MICHAEL W**
CITY-ST-ZIP **1525 GRANVILLE DR
WINTER PARK FL**TITLE ☒ Change ☐ Addition
NAME **VSTD**
STREET ADDRESS **SCHEIBER, NANCY**
CITY-ST-ZIP **113 Olympic Club Court
Orlando, FL 32828**TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **BARNBY, BILLIE**
CITY-ST-ZIP **1554 N CAROLWOOD BLVD
FERN PARK FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **HAYMAN, JANE C.**
CITY-ST-ZIP **1020 PINE STREET
TALLAHASSEE FL 32303**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **MEADORS, BEVERLY**
CITY-ST-ZIP **1965 KING ARTHUR CIRCLE
MAITLAND FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)