

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000395

1. Entity Name

ADOPTION AGENCY OF CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

1681 N MAITLAND AVENUE
MAITLAND FL 32751
US

1681 MAITLAND AVE
~~SUITE 5~~ suite 2
MAITLAND FL 32751
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3185350

Applied For

Not Applicable

Zip

Country

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

BARNBY, LINDA J
~~1631 MAITLAND AVE~~
~~STE 6~~
MAITLAND FL 32751

1681 Maitland Ave
suite 2

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 PD
NAME BARNBY, E.W.
STREET ADDRESS 1554 N CAROLWOOD BLVD
CITY-ST-ZIP FERN PARK FL ☐ Delete

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

TITLE VSTD
NAME SCHEIBER, NANCY
STREET ADDRESS 113 OLYMPIC CLUB COURT
CITY-ST-ZIP ORLANDO FL 32828 ☐ Delete

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

TITLE VD
NAME BARNBY, BILLIE
STREET ADDRESS 1554 N CAROLWOOD BLVD
CITY-ST-ZIP FERN PARK FL ☐ Delete

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

TITLE D
NAME HAYMAN, JANE C.
STREET ADDRESS 1020 PINE STREET
CITY-ST-ZIP TALLAHASSEE FL 32303 ☐ Delete

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

TITLE D
NAME MEADORS, BEVERLY
STREET ADDRESS 1965 KING ARTHUR CIRCLE
CITY-ST-ZIP MAITLAND FL ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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

1-6-02 407-831-4944

Date

Daytime Phone #

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90013 012 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)