

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 12, 2001 8:00 am
Secretary of State

07-12-2001 90119 039 ****70.00

DOCUMENT # N93000005160

1. Entity Name

ADOPT-A-FAMILY OF HIGHLANDS COUNTY, INC.

Principal Place of Business

**1818 BEACH DR
 SEBRING FL 33870**

Mailing Address

**1818 BEACH DR
 SEBRING FL 33870**

C0073112



DO NOT WRITE IN THIS SPACE

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

65-0451774

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**WHITEHOUSE, J. WENDELL
 445 S. COMMERCE AVE.
 SEBRING FL 33870**

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.

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
 After September 12, 2001, min. will be \$236.25**

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

TITLE ☐ Delete
 NAME **DPVS**
 STREET ADDRESS **WOODRUFF, KATHY A**
 CITY-ST-ZIP **1818 BEACH DRIVE
 SEBRING FL 33870**

TITLE ☐ Delete
 NAME **CM**
 STREET ADDRESS **WOODRUFF, KATHY**
 CITY-ST-ZIP **1818 BEACH DRIVE
 SEBRING FL 33870**

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **WOODRUFF, KATHY**
 CITY-ST-ZIP **1818 BEACH DR
 SEBRING FL 33870**

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **WOODRUFF, FRANK**
 CITY-ST-ZIP **885 S. ARLENE AVENUE
 AVON PARK FL 33825**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
 NAME
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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:

[Handwritten Signature]

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CR2E037 (5/01)