

2000 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
May 15, 2000 8:00 am
Secretary of State

03-16-2000 90077 018 ****61.25

DOCUMENT # N93000005715

1. Entity Name

ADOPTION COUNCIL OF TAMPA BAY, INC.

Principal Place of Business

10909 MEMORIAL HWY.
TAMPA FL 33615
US

Mailing Address

P.O. BOX 77078
TAMPA FL 33675-2078
US

2. Principal Place of Business

P.O. BOX 77078

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

4. FEI Number

59-3224731

Applied For

Not Applicable

Zip

33675

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARDER, ARTHUR
10909 MEMORIAL HWY.
TAMPA FL 33615

7. Name and Address of New Registered Agent

Name: CARDER, ARTHUR
Street Address (P.O. Box Number is Not Acceptable): 3136 EVANS DALE CT, LAND O' LAKES, FL 34639
P.O. BOX 77078
City: TAMPA FL Zip Code: 33675

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

Arthur D. Carder ARTHUR D. CARDER, President 03/14/00

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

TITLE PD
NAME CARDER, ARTHUR
STREET ADDRESS 10909 MEMORIAL HWY.
CITY-ST-ZIP TAMPA FL 33615 ☐ Delete

TITLE VD
NAME BRINSON, FREDDIE
STREET ADDRESS 1313 N TAMPA STREET #804
CITY-ST-ZIP TAMPA FL 33602 ☐ Delete

TITLE DV
NAME CORRAL, SUZANNE
STREET ADDRESS 803 LOWRY LANE
CITY-ST-ZIP TAMPA FL 33604 ☐ Delete

TITLE TD
NAME LEBOEUF, CLAIRE CSC
STREET ADDRESS 13133 ST FRANCIS LANE
CITY-ST-ZIP THONOTOSASSA FL 33592 ☐ Delete

TITLE SD
NAME LARKINS, COREATHA
STREET ADDRESS 6013 N 40TH STREET
CITY-ST-ZIP TAMPA FL 33610 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME CARDER, ARTHUR ☒ Change ☐ Addition
STREET ADDRESS 3136 EVANS DALE CT
CITY-ST-ZIP LAND O' LAKES, FL 34639

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

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

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

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

TITLE
NAME
STREET ADDRESS
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 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:

Arthur D. Carder ARTHUR D. CARDER, President

Date

Daytime Phone #

CR2E037 (9/99)