

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90126 020 ****61.25

DOCUMENT # N93000005715

1. Entity Name

ADOPTION COUNCIL OF TAMPA BAY, INC.

Principal Place of Business

Mailing Address

P.O. BOX 1111
 THONOTOSASSA FL 33592
 US

P.O. BOX 1111
 THONOTOSASSA FL 33592
 US

2. Principal Place of Business

3. Mailing Address

P.O. Box 1111

P.O. Box 1111

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Thonotosassa, FL

City & State

City & State

Thonotosassa, FL

Zip

Country

Zip

Country

33592

33592

4. FEI Number

59-3224731

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

LEBOEUF, CLAIRE
 13133 ST FRANCIS LN
 THONOTOSASSA FL 33592

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

Claire Le Boeuf

2/12/02

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. PD ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
 NAME RUSSELL, ALLAN ☒ Delete
 STREET ADDRESS 4020 58TH AVE N
 CITY-ST-ZIP ST PETERSBURG FL 33714

TITLE PD
 NAME ELLEN FISHER ☒ Change ☐ Addition
 STREET ADDRESS 10909 MEMORIAL HWY
 CITY-ST-ZIP TAMPA, FL 33615

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

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

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

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

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

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

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

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:

Claire Le Boeuf

2/12/02 (813) 982-9226

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)