

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002676

1. Entity Name

TEDI BEAR ADOPTIONS INC.

Principal Place of Business

Mailing Address

415 PABLO AVENUE NORTH  
SUITE 100  
JACKSONVILLE BEACH FL 32250

415 PABLO AVENUE NORTH  
SUITE 100  
JACKSONVILLE BEACH FL 32250

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

59-3448329

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

HEDSTROM, TEDI  
415 PARK AVENUE  
SUITE 100  
JACKSONVILLE BEACH FL 32250

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 MARTIN, AL  
STREET ADDRESS 339 HICKORY HOLLOW DRIVE NORTH  
CITY-ST-ZIP JACKSONVILLE FL 32225 ☐ Delete

TITLE D  
NAME Martin, AL  
STREET ADDRESS 339 Hickory Hollow Drive N.  
CITY-ST-ZIP Jax, FL 32225 ☒ Change ☐ Addition

TITLE D  
NAME HEDSTROM, DONALD  
STREET ADDRESS 259 N. ROSCOE BLVD.  
CITY-ST-ZIP PONTE VERDA BEACH FL 32002 ☐ Delete

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

TITLE TD  
NAME DEEN, RANDY  
STREET ADDRESS 4560 HARBOUR COURT  
CITY-ST-ZIP JACKSONVILLE FL 32225-1079 ☐ Delete

TITLE PD  
NAME Deen, Randy  
STREET ADDRESS 4560 Harbor Court  
CITY-ST-ZIP Jacksonville, FL 32225-1079 ☒ Change ☐ Addition

TITLE SD  
NAME MARCH, LISA  
STREET ADDRESS 226-5 SOLANO ROAD, SUITE 197  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 ☐ Delete

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

TITLE D  
NAME HEDSTROM, TEDI  
STREET ADDRESS 259 N ROSCOE BLVD  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 ☐ Delete

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

TITLE D  
NAME BROWN, VICKI  
STREET ADDRESS 1809 SEABREEZE AVENUE  
CITY-ST-ZIP JACKSONVILLE BEACH FL 32-2500 ☐ Delete

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)(l), 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/01

Date

904-242-4995

Daytime Phone #

CR2E037 (10/00)

FILED  
Apr 09, 2001 8:00 am  
Secretary of State

03-23-2001 90043 045 \*\*\*\*\*5.00

04-09-2001 90009 026 \*\*\*\*\*56.25



DO NOT WRITE IN THIS SPACE