

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90048 017 ****61.25

DOCUMENT # **N9700000 4049**

1. Entity Name

ORLANDO FAMILY PLANNING CENTER, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1103 LUCERNE TERR

Suite, Apt. #, etc.

3. Mailing Address

609 VIRGINIA DR

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORLANDO FL

Zip

32806

Country

ORANGE

City & State

ORLANDO FL

Zip

32803

Country

ORANGE

4. FEI Number

59-3460858

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JAMES S. PENDERGRAFT, IV

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

609 VIRGINIA DR

City

ORLANDO

FL

Zip Code

32803

**DO NOT WRITE
IN THIS SPACE**

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

FEE IS \$61.25
Initial or Amended UBR

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
JAMES S. PENDERGRAFT
609 VIRGINIA DR
ORLANDO, FL 32803**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
WILLIAM WEATHERFORD
1031 MORSE BLVD, Suite 105
WINTER PARK, FL 32789**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
WAYNE SMALLEY
1517 E. HILLCREST ST
ORLANDO, FL 32803**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)