

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003363

1. Entity Name

MAD DADS OF WAKULLA COUNTY, INC.

Principal Place of Business

Mailing Address

P.O. BOX 415
CRAWFORDVILLE FL 32326

P.O. BOX 415
CRAWFORDVILLE FL 32326-0415

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

59-3519068

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

**COLES, REGINALD E
53 PINK GREEN ROAD
SOPCHOPPY FL 32358**

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**

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 **D** ☐ Delete
NAME **NELSON, RANDY**
STREET ADDRESS **134 KATHY ANN DR**
CITY-ST-ZIP **CRAWFORDVILLE FL 32327**

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

TITLE **D** ☐ Delete
NAME **PORTER, LEON**
STREET ADDRESS **1893 SOPCHOPPY HWY**
CITY-ST-ZIP **SOPCHOPPY FL 32358**

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

TITLE **DP** ☐ Delete
NAME **COLES, REGINALD E**
STREET ADDRESS **53 PINK GREEN RD**
CITY-ST-ZIP **SOPCHOPPY FL 32358**

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

TITLE **D** ☐ Delete
NAME **FRANKLIN, HERBERT**
STREET ADDRESS **391 DONALDSON WILLIAMS RD**
CITY-ST-ZIP **CRAWFORDVILLE FL 32327**

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

TITLE **D** ☐ Delete
NAME **HANWAY, JULIA**
STREET ADDRESS **3128 CRAWFORDVILLE HWY**
CITY-ST-ZIP **CRAWFORDVILLE FL 32326**

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

TITLE **D** ☐ Delete
NAME **CARTER, ANDREA**
STREET ADDRESS **77 FRANK JONES RD**
CITY-ST-ZIP **CRAWFORDVILLE FL 32326**

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:

SIGNATURE REQUIRED

4/25/00

800 962 2412

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #