

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

DOCUMENT # N98000003363

1. Entity Name
MAD DADS of Wakulla County, Inc.

FILED

02 JUN 13 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

PO Box 415

Suite, Apt. #, etc.

3. Mailing Address

PO Box 415

Suite, Apt. #, etc.

City & State

Crawfordville FL

City & State

Crawfordville FL

Zip

32327

Country

US

Zip

32327

Country

US

4. FEI Number

59-3519068

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Reginald Coles

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

53 Pink Green Rd

City Sopchoppy

FL

Zip Code

32358

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

D
COLES, Reginald
53 Pink Green Rd
53 Pink Green Rd, Sopchoppy FL

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

400006109374--2
-06/28/02--01067--004
*****61.25 *****61.25

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

D
Nelson Randy
134 Kathy Ann Dr
Crawfordville FL 32327

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

D
Hanway Julia
3128 Crawfordville Hwy
Crawfordville FL 32326

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

D
Carter Andrea
17 Frank Jones Rd
Crawfordville FL 32326

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

D
Porter, Leon
1843 Sopchoppy Hwy
Sopchoppy FL 32358

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE:

R Coles

6/13/02

413-0698

CR2E037B (12/01)