

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003780

1. Entity Name

INTERCOUNTRY ADOPTION CENTER, INC.

Principal Place of Business

7204 13TH AVENUE WEST  
BRADENTON FL 34209

Mailing Address

7204 13TH AVENUE WEST  
BRADENTON FL 34209

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

65-0863734

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RIPP, MICHELLE A  
7204 13TH AVENUE WEST  
BRADENTON FL 34209

7. Name and Address of New Registered Agent

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PUFFER, TIMOTHY	
STREET ADDRESS	1661 FORD PARKWAY	
CITY-ST-ZIP	ST. PAUL MN 55108	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIPP, MICHELLE	
STREET ADDRESS	7204 13TH AVE. W	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOELBI, FRANK	
STREET ADDRESS	7204 13TH AVE. W	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHELLE RIPP	
STREET ADDRESS	7204 13TH AVE. W	
CITY-ST-ZIP	BRADENTON, FL 34209	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANK KOELBI	
STREET ADDRESS	7204 13TH AVE. W	
CITY-ST-ZIP	BRADENTON, FL 34209	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAWN BONN	
STREET ADDRESS	14410 21ST ST. N	
CITY-ST-ZIP	STILLWATER, MN 55082	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARY BONN	
STREET ADDRESS	14410 21ST ST. N	
CITY-ST-ZIP	STILLWATER, MN 55082	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARY RIPP	
STREET ADDRESS	4549 BRENNAN RD.	
CITY-ST-ZIP	DODGEVILLE, WI 53533	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Michelle A. Ripp* MICHELLE A. RIPP

01/10/01 941-761-1345

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Routing Phone #

0074250

CR2E037 (10/00)

FILED  
Jan 22, 2001 8:00 am  
Secretary of State

01-22-2001 90041 007 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE