

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005833

1. Entity Name

ADOPTION OUTREACH, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90487 032 \*\*\*\*61.25

Principal Place of Business <b>2130 W BRANDON BLVD. STE 101 BRANDON FL 33511</b>	Mailing Address <b>2130 W BRANDON BLVD. STE 101 BRANDON FL 33511 4730</b>
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2. Principal Place of Business <b>755 W. Lumsden Rd.</b>	3. Mailing Address <b>755 W. Lumsden Rd.</b>
Suite, Apt. #, etc. <b>Suite G.</b>	Suite, Apt. #, etc.
City & State <b>Brandon FL</b>	City & State <b>Brandon FL</b>
Zip <b>33511</b>	Country <b>USA</b>



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-3538628</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>GREENWOOD, MARY L ESQ 2130 W BRANDON BLVD, STE 101 BRANDON FL 33511</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 **Registered Agent** DATE **4-3-00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																																																																																																																																				
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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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE **4/24/00** **813-654-6911**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)