

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2001 8:00 am
Secretary of State
 05-07-2001 90060 016 ****70.00

DOCUMENT # N98000005833			
1. Entity Name ADOPTION OUTREACH, INC.			
Principal Place of Business 755 W LUMSDEN ROAD STE G BRANDON FL 33511		Mailing Address 755 W LUMSDEN ROAD STE G BRANDON FL 33511	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent GREENWOOD, MARY L ESQ 755 W LUMSDEN ROAD STE H BRANDON FL 33511		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW: FEE IS \$61.25 + \$8.75		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	VD HARDEE, JAMES T 3944 CEDAR CAY VALRICO FL 33594 <i>resigned</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LINDA A. McDermott 607 Ashcroft Dr. BRANDON FL 33511 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BUTLER, LARRY 5118 TWIN CREEK DR VALRICO FL 33594 <i>resigned</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Michael Pompey 1205 E. 8th Ave Tampa FL 33605 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVINE, LISA 15904 ELLSWORTH DR TAMPA FL 33647 <i>resigned</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Carolyn Eastman-Ewell 2807 North Point Lane Tampa FL 33611 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CUNNINGHAM, LAURIE 820 EAGLE LANE APOLLO BEACH FL <i>resigned</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIANE G. Hill, Ph.D. 7602 PARK DR. Tampa FL 33610 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCDERMOTT, GERALDINE 1109 S BRYAN RD BRANDON FL 33511 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Michelle Van Epps 113 Valley Drive BRANDON FL 33510 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **4/24/01 (813) 654-6911**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)