

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006515

1. Entity Name

GIVEN IN LOVE ADOPTIONS, INC.

Principal Place of Business

Mailing Address

151 MARY ESTHER BLVD STE 305
MARY ESTHER FL 32569

151 MARY ESTHER BLVD STE 305
MARY ESTHER FL 32569-1973

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

59-3577619

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

DIXON, DIANA L
151 MARY ESTHER BLVD STE 305
MARY ESTHER FL 32569

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 DIXON, DIANA L
STREET ADDRESS 151 MARY ESTHER BLVD STE 305
CITY-ST-ZIP MARY ESTHER FL 32569

TITLE Director ☐ Change ☒ Addition
NAME Steve Wanshuk
STREET ADDRESS 3928 Balsam Drive
CITY-ST-ZIP Niceville, FL 32578

TITLE VPD ☒ Delete
NAME SHUCK, CINDY
STREET ADDRESS 151 MARY ESTHER BLVD STE 305
CITY-ST-ZIP MARY ESTHER FL 32569

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

TITLE DT ☒ Delete
NAME GOTLIDOSA, SHEILA
STREET ADDRESS 151 MARY ESTER BLVD. STE 305
CITY-ST-ZIP MARY ESTHER FL 32569

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

TITLE PD ☐ Delete
NAME PETERMAN, JANET
STREET ADDRESS 3428 WISDOM DR
CITY-ST-ZIP NICEVILLE FL 32578

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

TITLE SD ☐ Delete
NAME BOYD, SUZANNE
STREET ADDRESS 2191 BEACHVIEW DRIVE
CITY-ST-ZIP FORT WALTON BEACH FL 32547

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

TITLE D ☒ Delete
NAME ELLIOT, DEBBIE
STREET ADDRESS 3940 INDIAN TRAIL
CITY-ST-ZIP DESTIN FL 32541

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)