

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001924

1. Entity Name

CHILDREN OF THE NATIONS INTERNATIONAL ADOPTIONS,

Principal Place of Business

10241 WIDGEON WAY
NEW PORT RICHEY FL 34654

Mailing Address

10241 WIDGEON WAY
NEW PORT RICHEY FL 34654

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

59-3576157

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

ALESSANDRO, BARBARA G
10241 WIDGEON WAY
NEW PORT RICHEY FL 34654

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

Barbara G. Alessandro

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/5/01

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 ALESSANDRO, BARBARA G
STREET ADDRESS 10241 WIDGEON WAY
CITY-ST-ZIP NEW PORT RICHEY FL 34654

TITLE D ☐ Change ☒ Addition
NAME JOANNE WALL
STREET ADDRESS 12125 CONRAD DR.
CITY-ST-ZIP DADE CITY, FL 33525

TITLE D ☐ Delete
NAME BOWMAN, JUDY
STREET ADDRESS 6768 RIVER RD.
CITY-ST-ZIP NEW PORT RICHEY FL 34652

TITLE D ☐ Change ☒ Addition
NAME LINDA EVANS
STREET ADDRESS 7942 WOODVINE CR.
CITY-ST-ZIP TAMPA, FL 33615

TITLE D ☒ Delete
NAME KOLOSEY, CONNIE
STREET ADDRESS 6591 19TH WAY N.
CITY-ST-ZIP ST. PETERSBURG FL 33702

TITLE D ☐ Change ☒ Addition
NAME TERESA BURKE
STREET ADDRESS 8914 179th STREET E.
CITY-ST-ZIP PUYALLUP, WA 98379

TITLE D ☐ Delete
NAME STADELNIKAS, JOSEPH
STREET ADDRESS 4812 GIVENS CT
CITY-ST-ZIP SARASOTA FL 34242

TITLE D ☐ Change ☒ Addition
NAME CHALETE THIBAUT
STREET ADDRESS 3545 WAKE ROBIN WAY
CITY-ST-ZIP CUMMING, GA 30040

TITLE D ☐ Delete
NAME BERKOFF, DOUG
STREET ADDRESS 110 S OLD COACHMAN RD
CITY-ST-ZIP CLEARWATER FL 33765

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2977 ATWOOD DR.
CITY-ST-ZIP CLEARWATER, FL 33761

TITLE D ☐ Delete
NAME BRAMBLE, GEMMA
STREET ADDRESS 526 RICH LYNE ST STE C
CITY-ST-ZIP TEMPLE TERRACE FL 33617

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS

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:

Barbara G. Alessandro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/5/01 (727) 859-0365

CR2E037 (10/00)