

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90153 001 *****8.75
 05-07-2002 90153 002 *****61.25

DOCUMENT # N99000001924

1. Entity Name

CHILDREN OF THE NATIONS INTERNATIONAL ADOPTIONS, INC.

Principal Place of Business

Mailing Address

**10241 WIDGEON WAY
 NEW PORT RICHEY FL 34654**

**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, President

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

(NOTE: Registered Agent signature required when reinstating)

4/24/02

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

TITLE **D**
 NAME **LINDA EVANS**
 STREET ADDRESS **7942 Woodvine Cr.**
 CITY-ST-ZIP **TAMPA, FL 33615**

TITLE **D**
 NAME **BOWMAN, JUDY**
 STREET ADDRESS **6788 RIVER RD.**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE **D**
 NAME **Chalete Thibault**
 STREET ADDRESS **3545 Wake Robin Way**
 CITY-ST-ZIP **Cumming, GA 30040**

TITLE **D**
 NAME **BURKE, TERESA**
 STREET ADDRESS **8914 179TH STREET E**
 CITY-ST-ZIP **PUYALLUP WA 98379**

TITLE **D**
 NAME **Thuy Pham, MD.**
 STREET ADDRESS **21141 Seven Springs Blvd.**
 CITY-ST-ZIP **Newport Richey, FL 34655**

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

TITLE **D**
 NAME **Joseph STADELNIKAS**
 STREET ADDRESS **8311 misty Lake Circle**
 CITY-ST-ZIP **SARASOTA, FL 34241**

TITLE **T**
 NAME **BERKOFF, DOUG**
 STREET ADDRESS **2977 ATWOOD DRIVE**
 CITY-ST-ZIP **CLEARWATER FL 33761**

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

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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:

Barbara G. Alessandro, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02 (727)859-0365

CR2E037 (9/01)