

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2001 8:00 am
Secretary of State

07-25-2001 90005 033 ***150.00

DOCUMENT # P97000043650

1. Entity Name
DADS FAMILY PROJECT INC.



Principal Place of Business
860 EAST PARK AVENUE
TALLAHASSEE FL 32301

Mailing Address
860 EAST PARK AVENUE
TALLAHASSEE FL 32301

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 **58-7347313**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARLOW, LARRY
860 EAST PARK AVENUE
TALLAHASSEE FL 32301

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 Larry Barlow

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

(NOTE: Registered Agent signature required when reinstating)

7/23/01

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **BARTOW, LARRY D.**
 CITY-ST-ZIP **860 EAST PARK AVENUE**
TALLAHASSEE FL 32301

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **CLEVELAND, ARTHUR D.**
 CITY-ST-ZIP **926 CHESTWOOD AVENUE**
TALLAHASSEE FL 32303

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/23/01

DATE

222-1447

Daytime Phone #

CR2E034 (5/01)



DADS Family Project

July 23, 2001

Attachment
#D9700043650
C6074168

860 East Park Avenue
Tallahassee, Florida 32301
phone 850 681-3639
fax 850 681-0284

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, Fl 32302-1500

To Whom It May Concern:

This past week we received a notice indicating that we did not have a 2001 uniform business report on file. While this is true, our office has no record of receiving the first notice indicating the filing deadline.

Per the instruction of your office, we are enclosing a check for the standard fee in the amount of \$150.00. We trust this will bring our account up to date.

Thank you for your consideration.

Arthur D. Cleveland, LCSW, BCD
Co-Director

Dads Actively Developing Stable Families

Arthur D. Cleveland, LCSW, RPT-S, BCD

Larry Barlow, Ph.D. LMFT