2001 UNIFORM BUSINESS REPORT (UBR)

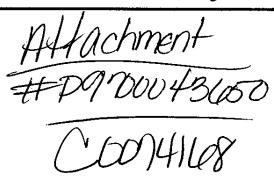
SIGNATURE:

DOCUMENT # P97000043650 1. Entity Name DADS FAMILY PROJECT INC.				Secretary 07-25-2001 90005	of State	
Principal Place of Business 860 EAST PARK AVENUE TALLAHASSEE FL 32301		Mailing Address 860 EAST PARK AVENUE TALLAHASSEE FL 32301			v	
		(
2. Principal P	Place of Business	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number E0-7047040	Applied For	
Zip Country		Zip Country		38-7347313	Not Applicable \$8.75 Additional	
`			T	5. Certificate of Status Desired	Fee Required	
AND THE PARTY OF THE PARTY.	6. Name and Address of Current l	Registered Agent	Name	7. Name and Address of New Registe	ered Agent	
BARLOW, LARRY 860 EAST PARK AVENUE TALLAHASSEE FL 32301			Street Address	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 Barlo Signature, typed or printed fame of registered agent a) W nd title if applicable. (NOTE: R	egistered Agent signature requi	7/23/6	ATE	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE After September 12, 2001 Make Check Payable to I			2001 Fee will be \$75		\$5.00 May Be	
11.	OFFICERS AND I		12.	ADDITIONS/CHANGES TO OFFICERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bartow, Larry D. 860 East Park Avenue Tallahassee Fl 32301	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLEVELAND, ARTHUR D. 926 CHESTWOOD AVENUE TALLAHASSEE FL 32303	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	The second secon	Delete	NAME STREET ADDRESS CITY-ST-ZIP		.Change Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
13. I hereby of indicated of the corchanged,	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address, v	this filing does not qualify for the true and accurate and that my wared to execute this report as with a Vother like empowered.	e exemption stated in signature shall have th required by Chapter 6	Section 119.07(3)(i), Florida Statutes. I furthe be same legal effect as if made under oath; th 507, Florida Statutes; and that my name appe	er certify that the information nat I am an officer or director ears in Block 11 or Block 12 if	



DADS Family Project

July 23, 2001



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