

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 13, 2000 8:00 am
Secretary of State

05-10-2000 90095 021 ***150.00

DOCUMENT # N97000004049

1. Entity Name

ORLANDO FAMILY PLANNING CENTER, INC.

Principal Place of Business

**1103 LUCERNE TERRACE
 ORLANDO FL 32806-1016**

Mailing Address

**1103 LUCERNE TERRACE
 ORLANDO FL 32806-1016**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

609 VIRGINIA DRIVE

Suite, Apt. #, etc.

City & State

ORLANDO FL

Zip

32803

Country

4. FEI Number

58-3460858

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

**PENDERGRAFT, JAMES S
 1103 LUCERNE TERRACE
 ORLANDO FL 32806-1016**

7. Name and Address of New Registered Agent

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

TITLE **PD** Delete
 NAME **PENDERGRAFT, JAMES S. IV M**
 STREET ADDRESS **1103 LUCERNE TERRACE**
 CITY-ST-ZIP **ORLANDO FL 32806**

TITLE **D** Delete
 NAME **MULLIS, HEIDI**
 STREET ADDRESS **1103 LUCERNE TERRACE**
 CITY-ST-ZIP **ORLANDO FL 32806**

TITLE **D** Delete
 NAME **CLEMENTS, ESTRELLA**
 STREET ADDRESS **1103 LUCERNE TERRACE**
 CITY-ST-ZIP **ORLANDO FL 32806**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **William Weatherford, Esq.**
 STREET ADDRESS **1031 Morse Blvd, St 105**
 CITY-ST-ZIP **Winter Park FL 32789**

TITLE Change Addition
 NAME **Wayne Smalley**
 STREET ADDRESS **1527 E Concord Street**
 CITY-ST-ZIP **Orlando, FL 32803**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES S. PENDERGRAFT IV
PRESIDENT **6/13/00** **(407) 228-2808**
 Date Daytime Phone #

CR2E037 (9/99)