2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 02, 2000 8:00 am
Secretary of State
08-02-2000 90151 017 ****61.25

DOCUMENT # 724048

1. Entity Name

KIDS INCORPORATED OF THE BIG BEND

Principal Place of Business	Mailing Address
1170 CAPITAL CIR NE TALLAHASSEE FL 32301-4857 US	1170 CAPITAL CIR NE TALLAHASSEE FL 32301-4857 US

DO NOT WRITE IN THIS SPACE

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 23-7411718 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DAVIS, PAMELA B.
1170 CAPITAL CIR. NE
TALLAHASSEE FL 32301

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
After September 13, 2000 min. will be $236.25

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	CD SHELLEY, LEWIS 300 S. ADAMS ST. 2ND FLR. TALLAHASSEE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Budd Bell 2107 Woodstock Lane Tallahassee, Fl 32303	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D READDICK, COCO DR. 2550 NOBLE DRIVE TALLAHASSEE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Diane Ching One Buckeye Drive Perry, Fl 32347	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~TD~~ D LUSE, MICHAEL DR. 2947 WHIRL-A-WAY TRAIL TALLAHASSEE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Jack Cuatt 3462 Lenox Mill Road Tallahassee, Fl 32308	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Irma Harris Route 2 Box 2 Monticello, FL 32344	ADDITION	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Ann Levy VD 5013 Vernon Road Tallahassee, Fl 32311	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVIS, PAMELA B. 6521 ALAN A DALE TRAIL TALLAHASSEE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Wyatt Pope 565 E. Tennessee Street Tallahassee, Fl 32301	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LUCILLE, DAY P.O. DRAWER 449 MADISON FL 32340	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Robert Lemons FAMU College of Education Tallahassee, FL 32307	☐ Change ☒ Addition

CR2E037 (5/00)

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 Pamela B Davis 7-27-00 850-414-9800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #