

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90150 033 ****61.25

DOCUMENT # 724048

1. Entity Name

KIDS, INCORPORATED OF THE BIG BEND

Principal Place of Business

**1170 CAPITAL CIR NE
TALLAHASSEE FL 32301-4857
US**

Mailing Address

**1170 CAPITAL CIR NE
TALLAHASSEE FL 32301-4857
US**

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

7. Name and Address of New Registered Agent

**DAVIS, PAMELA B.
1170 CAPITAL CIR. NE
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

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

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
**TD
Diane Ching
One Buckeye Drive
Perry, FL 32347** ☐ 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
**VCD
Ann Levy
5013 Vernon Road
Tallahassee, FL 32311** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LUSE, MICHAEL DR.
2947 WHIRL-A-WAY TRAIL
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
HARRIS, IRMA
RT 2 BOX 2
MONTICELLO FL 32344** ☒ 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
**D
DAVIS, PAMELA B.
6521 ALAN A DALE TRAIL
TALLAHASSEE FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Alan Thomas
1940 N. Monroe
Tallahassee, FL 32303** ☐ 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
Jack Cuatt
3462 Lenox Mill Road
Tallahassee, FL 32308** ☐ Change ☒ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)