

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90069 016 ****70.00

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

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

Pamela B Davis

PAMELA B. DAVIS

1/14/02

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 ☐ Delete
NAME CD
STREET ADDRESS SHELLEY, LEWIS
CITY-ST-ZIP 300 S. ADAMS ST. 2ND FLR.
TALLAHASSEE FL

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS SHELLEY, LEWIS
CITY-ST-ZIP 300 S. ADAMS ST. 2ND FLOOR
TALLAHASSEE, FL. 32301

TITLE ☒ Delete
NAME D
STREET ADDRESS READDICK, COCO DR.
CITY-ST-ZIP 2550 NOBLE DRIVE
TALLAHASSEE FL

TITLE ☐ Change ☒ Addition
NAME TD
STREET ADDRESS CUATT, JACK
CITY-ST-ZIP 462 LENOX MILLS RD.
TALLAHASSEE, FL. 32303

TITLE ☒ Delete
NAME D
STREET ADDRESS LUSE, MICHAEL DR.
CITY-ST-ZIP 2947 WHIRL-A-WAY TRAIL
TALLAHASSEE FL

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS BELL, BUDDY, MS.
CITY-ST-ZIP 2107 WOODSTOCK LANE
TALLAHASSEE, FL. 32347

TITLE ☐ Delete
NAME TD
STREET ADDRESS CHING, DIANE
CITY-ST-ZIP ONE BUCKEYE DRIVE
PERRY FL 32347

TITLE ☒ Change ☐ Addition
NAME VCD
STREET ADDRESS CHING, DIANE
CITY-ST-ZIP ONE BUCKEYE DRIVE
PERRY, FL. 32347

TITLE ☒ Delete
NAME D
STREET ADDRESS DAVIS, PAMELA B.
CITY-ST-ZIP 6521 ALAN A DALE TRAIL
TALLAHASSEE FL

TITLE ☐ Change ☒ Addition
NAME CD
STREET ADDRESS LEVY, ANN K.
CITY-ST-ZIP 5013 VERNON ROAD
TALLAHASSEE, FL.

TITLE ☐ Delete
NAME SD
STREET ADDRESS LUCILLE, DAY
CITY-ST-ZIP P.O. DRAWER 449
MADISON FL 32340

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:

Pamela B Davis
PAMELA B. DAVIS

1/14/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)