

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90237 033 \*\*\*\*61.25

**DOCUMENT # F99000005092**

1. Entity Name

**CROCKER FAMILY CHILDREN'S CHARITIES, INC.**

Principal Place of Business

Mailing Address

15430 KILBIRNIE DRIVE  
 FT. MYERS FL 33912

15430 KILBIRNIE DRIVE  
 FT. MYERS FL 33912-2423

2. Principal Place of Business

**342 Riverview St.**

3. Mailing Address

**342 Riverview St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**LaBelle, FLA**

City & State

**LaBelle, FL 33935**

4. FEI Number

**65-0927967**

Applied For

Not Applicable

Zip

**33935**

Country

**USA**

Zip

**33935**

Country

**USA**

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

**GASPER, MELANIE**  
 15430 KILBIRNIE DRIVE  
 FT. MYERS FL 33912

Name

Street Address (P.O. Box Number is Not Acceptable)

**342 Riverview St.**

City

**LaBelle**

**FL**

Zip Code

**33935**

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

*Melanie Gasper*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**May 1, 2000**

**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	SC	<input type="checkbox"/> Delete
NAME	CROCKER, ELIZABETH H	
STREET ADDRESS	1876 GRAHAM COURT	
CITY-ST-ZIP	KESWICK VA 22947	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GASPER, MELANIE	
STREET ADDRESS	15430 KILBIRNIE DRIVE	
CITY-ST-ZIP	FT MYERS FL 33912	
TITLE	D	<input type="checkbox"/> Delete
NAME	GENTLEMEN, CINDY	
STREET ADDRESS	15260 FIDDLESTICKS BLVD.	
CITY-ST-ZIP	FT. MYERS FL 33912	
TITLE	D	<input type="checkbox"/> Delete
NAME	GENTLEMEN, THAD	
STREET ADDRESS	15260 FIDDLESTICKS BLVD.	
CITY-ST-ZIP	FT. MYERS FL 33912	
TITLE	D	<input type="checkbox"/> Delete
NAME	TYSON, DWANE	
STREET ADDRESS	701 SAN MARCO BLVD/2 PRESIDENTIAL PLZ #170	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Melanie Gasper	
STREET ADDRESS	342 Riverview street	
CITY-ST-ZIP	LaBelle, FL 33935	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Melanie Gasper*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**May 1, 2000 941-675-5972**

Date

Daytime Phone #

CR2E037 (9/99)