

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 09, 2001 8:00 am
Secretary of State

05-16-2001 90336 001 *****8.75
 05-16-2001 90336 002 *****61.25

0014183

DOCUMENT # N00000002976

1. Entity Name

JEANNIE SEIFERT CHILDREN & FAMILY SUPPORT SERVIC

Principal Place of Business

Mailing Address

~~810 HAND AVE~~
~~SARASOTA FL 34232~~

P.O. BOX 83
 PALMETTO FL 34220

2. Principal Place of Business

6320 15th St. E

3. Mailing Address

P.O. Box 1312

Suite, Apt. #, etc.

A4

Suite, Apt. #, etc.

City & State

SARASOTA, Florida

City & State

TALLEYVAST, Florida

4. FEI Number

65-1007876

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

SEIFERT, JEANNIE
~~810 HAND AVE~~
 SARASOTA FL 34232

P.O. Box 1312
 Talleyvast, Fl.
 34270

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

07-30-01

FILE NOW: FEE IS \$61.25
After September 12, 2001, 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 Delete

NAME Director
 STREET ADDRESS Melanie Edwards
 CITY-ST-ZIP 4218 52nd Place W. Apt 101 Bradenton, Fl. 34210

TITLE Change Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete

NAME Director
 STREET ADDRESS Marie Jones
 CITY-ST-ZIP 3506 14th St. W. Bradenton, Fl. 34205

TITLE Change Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete

NAME Director
 STREET ADDRESS Portia Hynes
 CITY-ST-ZIP 4218 52nd Place W. Apt

TITLE Change Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition

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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

07-30-01 752-3320

CR2E037 (5/01)