

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90234 032 ****61.25

DOCUMENT # N02000002212

1. Entity Name

KIDS CENTRAL, INC.



Principal Place of Business

**1485 SOUTH SEMORAN BLVD.
SUITE 1448
WINTER PARK FL 32792**

Mailing Address

**1485 SOUTH SEMORAN BLVD.
SUITE 1448
WINTER PARK FL 32792**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

030423152

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

PATRICK, JAMES

1485 SOUTH SEMORAN BLVD.

SUITE 1448

WINTER PARK FL 32792

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	☒ Delete
NAME	BUNDY, DAVID	
STREET ADDRESS	1485 SOUTH SEMORAN BLVD. #1448	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	D	☒ Delete
NAME	PATRICK, JAMES	
STREET ADDRESS	1485 SOUTH SEMORAN BLVD. #1448	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	D	☒ Delete
NAME	WEINBERG, DOUG	
STREET ADDRESS	1485 SOUTH SEMORAN BLVD. #1448	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	☐ Change ☒ Addition
NAME	DANE DEMARK	
STREET ADDRESS	1485 S Semoran BLVD STE 1448	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	D	☐ Change ☒ Addition
NAME	SHELLY KATZ	
STREET ADDRESS	605 NE 1ST STREET	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	D	☐ Change ☒ Addition
NAME	LUCINDA HIGHTBRINK	
STREET ADDRESS	3027 SAN DIEGO RD	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: DANE DEMARK **4/28/03** **321-397-3000**

CR2E037 (10/02)