

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34749

1. Entity Name

CHILDREN'S CASE MANAGEMENT ORGANIZATION, INC.

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90061 035 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1720 E TIFFANY DR  
STE 101  
WEST PALM BEACH FL 33407  
US

1720 E TIFFANY DR  
STE 101  
WEST PALM BEACH FL 33407-3235  
US

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0166352

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SPRINKLE, PHILIP M., II, ESQ.  
777 SOUTH FLAGLER DRIVE  
STE 900 EAST TOWER  
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name

Sprinkle, Philip/Boca Raton Comm. Hospital

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

Attn: Administration

745 Meadows Road

City Boca Raton

FL

Zip Code 33486

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

4/14/00

**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

TITLE	PD	<input type="checkbox"/> Delete
NAME	GOLDBERG, SCOTT	
STREET ADDRESS	896 S PATRICK CIRCLE	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	STEVENS, KARLENE S	
STREET ADDRESS	1655 PALM BEACH LAKES BLVD STE 1012	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SUNCINE, BRIE	
STREET ADDRESS	225 9TH ST	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ALOIA, CHERYL	
STREET ADDRESS	15842 112TH DRIVE N	
CITY-ST-ZIP	JUPITER FARMS FL 33478	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SMITH, HALSEY	
STREET ADDRESS	132 ROYAL PALM WAY	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BESHARA, RONALD	
STREET ADDRESS	901 45 ST	
CITY-ST-ZIP	WEST PALM BEACH FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETTY BELL	
STREET ADDRESS	2422 24th LANE	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LISA McWHORTER	
STREET ADDRESS	2115 DOCK STREET	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNARD DONTN	
STREET ADDRESS	2560 RCA BLVD STE108	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARLENE STEVENS	
STREET ADDRESS	1655 PALM BEACH LAKES BLVD STE 1012	
CITY-ST-ZIP	WEST PALM BEACH, FL. 33401	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHELLE WARDEN	
STREET ADDRESS	1395 NW 17th AVE STE 114	
CITY-ST-ZIP	DELRAY BEACH, FL 33445	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	A. JUNE STUBBS	
STREET ADDRESS	3301 GUN CLUB ROAD	
CITY-ST-ZIP	WEST PALM BEACH, FL 33416	

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-12-00

Daytime Phone #

561-881-5577

CR2E037 (9/99)