

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N93000000289**

1. Entity Name

**100 DEPUTIES, 100 KIDS, INC.**

**FILED**  
**Mar 25, 2000 8:00 am**  
**Secretary of State**

03-25-2000 90019 004 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1001 OLD TOMOKA ROAD  
 ORMOND BEACH FL 32174  
 US

1001 OLD TOMOKA ROAD  
 ORMOND BEACH FL 32174-5979  
 US

2. Principal Place of Business

3. Mailing Address

123 W. Indiana Avenue

123 W. Indiana Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DeLand

City & State

Florida

4. FEI Number

**59-3162330**

Applied For

Not Applicable

Zip

32720

Country

Volusia

Zip

32720

Country

Volusia

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIS, LEONARD A  
 1001 OLD TOMOKA RD.  
 ORMOND BEACH FL 32174

Name

Street Address (P.O. Box Number is Not Acceptable)  
 123 W. Indiana Avenue

City  
 DeLand

FL

Zip Code  
 32720

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

*Leonard A. Davis*

3/16/00

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	P/D	<input type="checkbox"/> Delete
NAME	DAVIS, LEONARD A	
STREET ADDRESS	1001 OLD TOMOKA RD	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, KATHY	
STREET ADDRESS	1001 OLD TOMOKA RD.	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOSCO, ROBERT	
STREET ADDRESS	1001 OLD TOMOKA RD.	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	NASSER, LINDA	
STREET ADDRESS	1001 OLD TOMOKA ROAD	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	Edwards, Judith	
STREET ADDRESS	123 W. Indiana Avenue	
CITY-ST-ZIP	DeLand, FL 32720	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hall, Gerri	
STREET ADDRESS	123 W. Indiana Avenue	
CITY-ST-ZIP	DeLand, FL 32720	
TITLE	Treasurer/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Johnson, Amy	
STREET ADDRESS	123 W. Indiana Avenue	
CITY-ST-ZIP	DeLand, FL 32724	
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:

*Leonard A. Davis*

3/16/00

736-5961

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 19/99