

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 14, 2001 8:00 am**  
**Secretary of State**

09-14-2001 90011 030 \*\*\*\*61.25

**DOCUMENT # N93000000289**

1. Entity Name

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

LA

B0065021



DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| Principal Place of Business<br><b>123 W. INDIANA AVE.<br/>DELAND FL 32720<br/>US</b> | Mailing Address<br><b>123 W. INDIANA AVE.<br/>DELAND FL 32720<br/>US</b> |
|--|--|

|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|---|---|

|              |              |                                    |                               |
|--------------|--------------|------------------------------------|-------------------------------|
| City & State | City & State | 4. FEI Number<br><b>59-3162330</b> | Applied For<br>Not Applicable |
| Zip          | Country      | Zip                                | Country                       |

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

**6. Name and Address of Current Registered Agent**

**DAVIS, LEONARD A  
123 W. INDIANA AVE.  
DELAND FL 32720**

**7. Name and Address of New Registered Agent**

|  |
|--|
| Name<br><b>Edwards, Judith R.</b>  |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>123 W. Indiana Avenue</b> |
| City<br><b>DeLand</b> <b>FL</b> Zip Code<br><b>32721</b>                           |

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 *Judith R. Edwards* 9/10/2001  
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**  
**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P/D<br/>DAVIS, LEONARD A<br/>1001 OLD TOMOKA RD<br/>ORMOND BEACH FL 32174</b> | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>EDWARDS, JULIA<br/>123 W. INDIANA AVE.<br/>DELAND FL 32720</b>          | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>HALL, GERRI<br/>123 W. INDIANA AVE.<br/>DELAND FL 32720</b>             | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TD<br/>JOHNSON, AMY<br/>123 W. INDIANA AVE.<br/>DELAND FL 32724</b>           | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |

|  |   |   |
|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>President/Director<br/>Edwards, Judith R.</b>                                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Director<br/>Voss, Loretta<br/>123 W. Indiana Avenue<br/>DeLand, FL 32721</b>  | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Director<br/>Vancini, Lynda<br/>123 W. Indiana Avenue<br/>DeLand, FL 32721</b> | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Director<br/>Hinshaw, Dave<br/>123 W. Indiana Avenue<br/>DeLand, FL 32721</b>  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Director<br/>Lee, William<br/>123 W. Indiana Avenue<br/>DeLand, FL 32721</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 another like empowered.

SIGNATURE: *Judith R. Edwards* 9/10/2001 (386) 736-5889

CR2E037 (5/01)