2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001053

1. Entity Name

CHILDREN'S SERVICES FOUNDATION OF HIGHLANDS COUN

FILED
May 09, 2000 8:00 am
Secretary of State
05-09-2000 90025 008 ****61.25

Principal Place of Business	Mailing Address
2543 US 27 SOUTH SEBRING FL 33872	2543 US 27 SOUTH SEBRING FL 33870-2125

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0444941 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MACBETH, ROSS J
2543 US 27 SOUTH
SEBRING FL 33872

7. Name and Address of New Registered Agent

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

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D HENSLEY, NANCY 1608 THEON AVE SEBRING FL 33870	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC HENSLEY, NANCY 1608 THEON AVE. SEBRING, FL 33870	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVC WRIGHT, ROZALYNE 426 SCHOOL ST SEBRING FL 33870	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WHITEHEAD, SUSAN 3721 CREEKSIDE DRIVE SEBRING, FL 33872	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WHITEHEAD, SUSAN 1901 U.S. 27 SOUTH SEBRING FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARLAN, CLAUDETTE 111 COMMERCIAL BLVD. SEBRING, FL 33870	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARLAN, CLAUDETTE 5732 AIRPORT RD. SEBRING FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GENTRY, DORIS 650 E. CORNELL ST. AVON PARK, FL 33825	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COX, MARK 140 S. COMMERCE AVE SEBRING FL 33870	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HANDLEY, SANDRA 2609 ORANGE GROVE DRIVE SEBRING, FL 33870	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GENTRY, DORIS P O BOX 269 AVON PARK FL 33826	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D McKENZIE, BUDDY 590 SOUTH COMMERCE AVENUE SEBRING, FL 33870	☐ Change XX Addition

CR2E037 (9/99)

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: Ross MACBETH Ross MACBETH 4/20/00 863-3855139
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

D00 46670
N93000001053
Add

11. OFFICERS AND DIRECTORS (continued)

Title	DIRECTOR	☐Change ☒Addition
Name	Nick Schommer	
Street Address	329 S. Commerce Avenue	
City-ST-ZIP	Sebring, FL 33870	