

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002328

1. Entity Name

HIBISCUS HOUSE CHILDREN'S FOUNDATION, INC.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90130 014 ****70.00

Principal Place of Business 091 JENSEN BCH BLVD. JENSEN BEACH FL 34957	Mailing Address PO BOX 305 JENSEN BCH FL 34958-0305
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2. Principal Place of Business 2400 NE Old Dixie Hwy	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Jensen Beach, FL	City & State	4. FEI Number 65-0411920	Applied For Not Applicable
Zip 34957	Country US	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BOROWICZ, JILL M 1849 NE VICTORIAN LANE JENSEN BCH FL 34957		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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: *Jill M. Borowicz* Jill M. Borowicz, Executive Director ^{4/7/00}
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRADEN, DAN 835 NE BAYBERRY LANE JENSEN BCH FL 34957 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Braden, Dan 835 NE Bayberry Lane Jensen Beach, FL 34957 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEBER, JEFFREY L 2400 SE FEDERAL HWY STUART FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Lehach, George 2201 SE Kingswood Terr Stuart, FL 34996 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAYNES, WILLIAM 1850 NW PINE TREE WAY STUART FL 34994 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Haynes, William 1850 NW Pine Tree Way Stuart, FL 34994 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RICHEBOURG, MARGARET ONE SW OSCEOLA ST STUART FL 34994 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Richebourg, Margaret One SW Osceola ST Stuart, FL 34994 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWADERER, MELINDA H 3970 SE OLD ST LUCIE BLVD STUART FL 34996 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINER, DONALD 3 MIDDLE RD SEWALLS POINT FL 34996 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Coburn, Linda 6701 SE Harbor Circle Stuart, FL 34996 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 **Dan Braden** Date: April 9, 2000 Daytime Phone #

CR2E037 (9/99)