

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N93000005806

FILED
Apr 30, 2002 8:00 AM
Secretary of State

Entity Name: THE CHILDREN'S PLACE AT HOME SAFE FOUNDATION, INC.

Current Principal Place of Business:

2309 PONCE DE LEON AVENUE
SUITE 1100
WEST PALM BEACH, FL 33407 US

New Principal Place of Business:

2309 PONCE DE LEON AVENUE
WEST PALM BEACH, FL 33407 US

Current Mailing Address:

2309 PONCE DE LEON BLVD.
SUITE 1100
WEST PALM BEACH, FL 33407 US

New Mailing Address:

2309 PONCE DE LEON BLVD.
WEST PALM BEACH, FL 33407 US

FEI Number: 65-0462950

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLSHANSKY, HOWARD S
2309 PONCE DE LEON AVE
WEST PALM BEACH, FL 33407 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RAMPELL, RICHARD
Address: 122 N. COUNTY RD.
City-St-Zip: PALM BEACH, FL 33480

Title: D () Delete
Name: MALFITANO, JAYNE
Address: 2323 ARECA PALM ROAD
City-St-Zip: BOCA RATON, FL 33432

Title: D () Delete
Name: ROONEY, PATRICK
Address: 222 LAKEVIEW AVE. STE 1400
City-St-Zip: WEST PALM BEACH, FL 33401

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ROONEY, PATRICK
Address: 1111 N CONGRESS AVE
City-St-Zip: WEST PALM BEACH, FL 33409

Title: D () Change (X) Addition
Name: PICOW, ROBERT
Address: 7534 ISLA VERDE WAY
City-St-Zip: DELRAY BEACH, FL 33446

Title: D () Change (X) Addition
Name: DON, STEPHANIE
Address: 17837 FIELDBROOK CIRCLE W
City-St-Zip: BOCA RATON, FL 33496

Title: P () Change (X) Addition
Name: BERNSTEIN, STEVE
Address: 5900 BROKEN SOUND PKWY NW
City-St-Zip: BOCA RATON, FL 33487

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVE BERNSTEIN

D

04/30/2002

Electronic Signature of Signing Officer or Director

Date