

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000829

1. Entity Name

MALIVAI WASHINGTON KIDS FOUNDATION, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90051 031 ****61.25

Principal Place of Business	Mailing Address
3699 SANCTUARY WAY SOUTH JACKSONVILLE BEACH FL 32250	3699 SANCTUARY WAY SOUTH JACKSONVILLE BEACH FL 32250-5044



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 2651
City & State	City & State
	Ponte Vedra Bch. FL
Zip	Country
32004	USA

4. FEI Number	Applied For
59.3559150	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOYLE, WILLIAM E
 1301 RIVERPLACE BOULEVARD
 SUITE 2600
 JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name: Terri Florio
 Street Address (P.O. Box Number is Not Acceptable): 3699 Sanctuary Way South
 City: Jacksonville Bch FL Zip Code: 32250

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: Terri Florio Terri Florio DATE: 1/05/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

TITLE	D, S	<input type="checkbox"/> Delete
NAME	FLORIO, TERRI	
STREET ADDRESS	3699 SANCTUARY WAY SOUTH	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE	D, P	<input type="checkbox"/> Delete
NAME	WASHINGTON, MALIVAI	
STREET ADDRESS	5 SOUTH ROSCOE	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARPER, JENNIFER	
STREET ADDRESS	5 SOUTH ROSCOE	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wheeler, Lamar	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	7406 Fullerton St. Suite 104	
CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Breland, Celena	
STREET ADDRESS	6984 Gribbin St.	
CITY-ST-ZIP	Jacksonville, FL 32210	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	(plus 10 others)	
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: SIGNATURE OF REGISTERED AGENT DATE: 1/5/00 DAYTIME PHONE #: 904-247-1939

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)