

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

0057411

DOCUMENT # N99000000829

1. Entity Name

MALIVAI WASHINGTON KIDS FOUNDATION, INC.

02-04-2002 90028 040 ****61.25

Principal Place of Business

Mailing Address

3699 SANCTUARY WAY SOUTH
 JACKSONVILLE BEACH FL 32250

P.O. BOX 2651
 PONTE VEDRA BCH. FL 32004

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3559150**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLORIO, TERRI
3699 SANCTUARY WAY SOUTH
JACKSONVILLE BEACH FL 32250

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)

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	DS	<input type="checkbox"/> Delete
NAME	FLORIO, TERRI	
STREET ADDRESS	3699 SANCTUARY WAY SOUTH	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE	DP	<input type="checkbox"/> Delete
NAME	WASHINGTON, MALIVAI	
STREET ADDRESS	5 SOUTH ROSCOE	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CARPER, JENNIFER	
STREET ADDRESS	5 SOUTH ROSCOE	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	DT	<input type="checkbox"/> Delete
NAME	WHEELER, LAMAR	
STREET ADDRESS	7408 FUNERTON ST. SUITE 104	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRELAND, CELENA	
STREET ADDRESS	6984 GRIBBIN ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE		<input type="checkbox"/> Delete
NAME	Williams, Daniel	
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Williams, Daniel	
STREET ADDRESS	180 S Roscoe Blvd	
CITY-ST-ZIP	Ponte Vedra Bch, FL 32082	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vance Paul	
STREET ADDRESS	one Alltel Stadium Pl.	
CITY-ST-ZIP	Jacksonville FL 32202	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Haulter, Robert	
STREET ADDRESS	CSX-500 Water St	
CITY-ST-ZIP	Jacksonville FL 32202	
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		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SIGNATURE: [Signature] Florio

1/8/02

359-5437

CR2E037 (9/01)