

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90007 043 ****61.25

DOCUMENT # N99000003901

1. Entity Name

ALL 'BOUT CHILDREN, INC.

Principal Place of Business

Mailing Address

127 VENTNOR I
 DEERFIELD BEACH, FL 33442

127 VENTNOR I
 DEERFIELD BEACH FL 33442-2424

645158



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0932032-030105

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBINSON, E. JANE
 127 VENTNOR I
 DEERFIELD BEACH FL 33442

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	D	<input type="checkbox"/> Delete
NAME	ROBINSON, E. JANE	
STREET ADDRESS	127 VENTNOR I	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEIDENFELD, JOAN	
STREET ADDRESS	6460 VIA BONITA	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACOBUS, CATHERINE	
STREET ADDRESS	911 S. OCEAN DR.	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEIDENFELD, JOAN	
STREET ADDRESS	6460 VIA BONITA	
CITY-ST-ZIP	BOCA RATON, FL 33442	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBUS, CATHERINE	
STREET ADDRESS	2999	
CITY-ST-ZIP	GULFSTREAM, FL 334	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SACHAROW, HELENE	
STREET ADDRESS	2560 ALBA RIVIERA DRIVE	
CITY-ST-ZIP	DELRAY BEACH, FL 33445	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUNTER, LINDA	
STREET ADDRESS	2773 S. OCEAN BLVD	
CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TARELL, CHARLOTTE	
STREET ADDRESS	11359 MEADOWLARK CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZIPPER, SUE	
STREET ADDRESS	360 E. COCONUT PALM RD.	
CITY-ST-ZIP	BOCA RATON, FL 33432	

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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #