

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91509 004 \*\*\*\*61.25

**DOCUMENT # N99000004861**

1. Entity Name

**CITY KIDS ART FACTORY, INC.**

Principal Place of Business

Mailing Address

**4873 JAYBIRD CIRCLE, N  
 JACKSONVILLE FL 32257**

**3832-010 BAY MEADOWS ROAD  
 PMB 370  
 JACKSONVILLE FL 32217**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3638295**

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

**OWENS, GREGORY  
 4873 JAYBIRD CIRCLE, N  
 JACKSONVILLE FL 32257**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD WYNN, DONALD R 1765 EDGEWOOD AVENUE JACKSONVILLE FL 32205</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD OWENS, GREGORY 4873 JAYBIRD CIRCLE NORTH JACKSONVILLE FL 32257</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD SADLER, KAREN 1873 HICKORY LANE ATLANTIC BEACH FL 32233</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD TAYLOR-SCALES, MADELINE 7047 CYPRESS BRIDGE DRIVE SOUTH PONTE VEDRA BEACH FL 32082</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

*See attached listing of officers & directors*

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

*April 20, 2002 (904) 355-2583*

Date Daytime Phone #

CR2E037 (9/01)

Attachment # N 99 000 00 4861

City Kids Art Factory  
1801 North Myrtle Avenue  
Jacksonville, Florida 32209  
355-2523 (CKAF)

950447

## Board Members

Ernestine Bentley Bivens (Director)  
5837 Lusaid Drive  
Jacksonville, FL 32209  
766-5838

Hosuk (Kim) Lee (Director)  
4913 Maplewood Court  
Callahan, Florida 32011

Barbara Drake (Treasurer/Director)  
1614 South Edgewood Avenue  
Jacksonville, FL 3205  
389-6201 (h)  
354-3708 (o)  
[bjdrake45@hotmail.com](mailto:bjdrake45@hotmail.com)

Gregory Owens (Vice President)  
4873 Jaybird Circle, N  
Jacksonville, FL 32257  
504-0433 (c)  
636-5681 (f)  
[gjowens5@bellsouth.net](mailto:gjowens5@bellsouth.net)

Madeline Scales-Taylor Mayo Clinic (President)  
Community Relations Office  
4500 San Pablo Road  
Jacksonville, FL 32224  
953-0986 (o)  
953-2233 (f)  
[scalestaylor.Madeline@mayo.edu](mailto:scalestaylor.Madeline@mayo.edu)

Daniel Wynn (Founder/Director)  
1785 Edgewood Avenue, S  
Jacksonville, FL 32205  
388-0973 (o)  
388-9185 (f)  
704-0124 (c)  
[nitewynn@bellsouth.net](mailto:nitewynn@bellsouth.net)

attachment # M 99000004861  
930447

Carolyn Williams (Director)  
1576 West 13 Street  
Jacksonville, FL 32209  
620-1018 (f)  
[carwill01@att.bi.com](mailto:carwill01@att.bi.com)

Lynnette Young (Secretary/Director)  
Damespoint Partners  
144 Ibis Court  
Amelia Island, FL 32034  
904-491-5025 (o)  
904-491-5092 (f)  
[damespointprtns@aol.com](mailto:damespointprtns@aol.com)