

2001 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jul 06, 2001 8:00 am
Secretary of State

05-11-2001 90085 023 ****70.00

DOCUMENT # N99000005720

1. Entity Name

CHILDREN'S INTERVENTION, OUTREACH AND REFERRAL M

Principal Place of Business

721 U.S. HWY 1, SUITE 217
 NORTH PALM BEACH FL 33408

Mailing Address

721 U.S. HWY 1, SUITE 217
 NORTH PALM BEACH FL 33408

75695



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0965908

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

FONG, MAUREEN LYEW
 721 U.S. HWY 1, SUITE 217
 NORTH PALM BEACH FL 33408

7. Name and Address of New Registered Agent

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 | PD | <input type="checkbox"/> Delete |
| NAME | FONG, MAUREEN L | |
| STREET ADDRESS | 3125 AVE H EAST | |
| CITY-ST-ZIP | RIVIERA BEACH FL 33404 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | CHINSUE, MARLENE | |
| STREET ADDRESS | 3125 AVE H EAST | |
| CITY-ST-ZIP | RIVIERA BEACH FL 33404 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | HEISER, CATHERINE | |
| STREET ADDRESS | C/O PO BOX 7724 | |
| CITY-ST-ZIP | JUPITER FL 33468 | |
| 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 | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------|--|
| TITLE | Dr | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Barbara A. Morke | |
| STREET ADDRESS | 1014 Cheyenne St | |
| CITY-ST-ZIP | Jupiter FL 33458 | |
| TITLE | D. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Joyce Darville | |
| STREET ADDRESS | 450 32nd Street | |
| CITY-ST-ZIP | Riviera Beach FL 33404 | |
| 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 | | |
| 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Maureen Lyew Fong 4/22/01 561-840-1467

Date

Daytime Phone #

CR2E037 (10/00)