

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N35905

1. Entity Name

SAVE OUR CHILDREN, INC.

FILED

Apr 21, 2000 8:00 am  
Secretary of State

04-21-2000 90158 001 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1611 AVE D  
FT PIERCE FL 34950  
US

POST OFFICE BOX 311  
FT PIERCE FL 34954-0311  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0366437

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

MILLS, DONNA  
1330 SW BRIARWOOD DR  
PORT SAINT LUCIE FL 34986

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	DP	<input type="checkbox"/> Delete
NAME	MILLS, DONNA	
STREET ADDRESS	1330 S.W. BRIARWOOD	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ESCH, GARY	
STREET ADDRESS	3215 S 7TH ST	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MILLER, PINKIE	
STREET ADDRESS	5800 SAN DIEGO AVE	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	M	<input type="checkbox"/> Delete
NAME	MCBRIDE, PATRICIA	
STREET ADDRESS	1501 AVE J	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUSH, CONSTANCE	
STREET ADDRESS	5006 MATANZAS AVE	
CITY-ST-ZIP	FORT PIERCE FL 34946	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WETHERINGTON, U.B.	
STREET ADDRESS	3033 SUMMIT STREET	
CITY-ST-ZIP	FT. PIERCE FL	

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Miller, Pinkie	
STREET ADDRESS	1440 Lawnwood Cir. # 16-B	
CITY-ST-ZIP	Ft. Pierce, FL 34950	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Leath, Marcus	
STREET ADDRESS	10960 Myrtlewood Ln.	
CITY-ST-ZIP	Port Saint, Lucie, FL 34986	
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		
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

Date

Daytime Phone #

*Donna Mills* - DONNA MILLS

4-13-00

561-466-8398

CR2E037 (9/99)