

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90073 004 ****70.00

DOCUMENT # 703423

1. Entity Name

THE CHILDREN'S HOME, INCORPORATED

Principal Place of Business

**10909 MEMORIAL HWY
TAMPA FL 33615**

Mailing Address

**10909 MEMORIAL HWY
TAMPA FL 33615**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0696284

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PARSONS, JON R.
10909 MEMORIAL HIGHWAY
TAMPA FL 33615**

Name

Gerard H. Veneman

Street Address (P.O. Box Number is Not Acceptable)

10909 Memorial Highway

City

Tampa

FL

Zip Code
33615

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 **Gerard H. Veneman, Executive Director**

4/4/01

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 **FVPD** ☒ Delete
NAME **CASPER, SUSAN**
STREET ADDRESS **905 S. DAKOTA**
CITY-ST-ZIP **TAMPA FL**

TITLE **FVPD** ☐ Change ☒ Addition
NAME **Terrin McKay**
STREET ADDRESS **4520 Ferncroft Circle**
CITY-ST-ZIP **Tampa, FL 33629**

TITLE **PD** ☐ Delete
NAME **MELLOW, DONALD L**
STREET ADDRESS **3300 W LYKES AVE**
CITY-ST-ZIP **TAMPA FL 33609**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SVPD** ☒ Delete
NAME **TOLLETTE, CHRISTINE**
STREET ADDRESS **705 S. NEWPORT AVE**
CITY-ST-ZIP **TAMPA FL 33606**

TITLE **SVPD** ☐ Change ☒ Addition
NAME **Randy Norris**
STREET ADDRESS **1439 Kensington Woods Drive**
CITY-ST-ZIP **Lutz, FL 33549**

TITLE **SD** ☐ Delete
NAME **NEWMAN, MERIDETH**
STREET ADDRESS **3102 BEACH DR**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **BOHANNAN, PATTY**
STREET ADDRESS **4501 BROOKWOOD DR**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ATD** ☒ Delete
NAME **ARMSTRONG, JEFF**
STREET ADDRESS **3203 SAN CARLOS ST**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE **ATD** ☐ Change ☒ Addition
NAME **Linda Harding**
STREET ADDRESS **201 E. Kennedy Blvd, Ste. 1200**
CITY-ST-ZIP **Tampa, FL 33602**

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: **Donald L. Mellow, President of the Board**

4/4/01

813-855-4435

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)