

5/14/

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 05, 2001 8:00 am
Secretary of State

05-14-2001 90243 014 ****61.25

DOCUMENT # N34749

1. Entity Name

CHILDREN'S CASE MANAGEMENT ORGANIZATION, INC.

Principal Place of Business

Mailing Address

1720 E TIFFANY DR
STE 101
WEST PALM BEACH FL 33407
US1720 E TIFFANY DR
STE 101
WEST PALM BEACH FL 33407
US

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

65-0166352

Applied For

Not Applicable

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

Name

Philip M. Sprinkle II, Esq.
Street Address (P.O. Box Number is Not Acceptable) 500 Meadows Road
Boca Raton, FL 33486

Boca Raton, FL 33486

FL

Zip Code

SPRINKLE, PHILIP M., II, ESQ.
777 SOUTH FLAGLER DRIVE
STE 900 EAST TOWER
WEST PALM BEACH FL 33401Williams, Mullen
Two James Center, 16th Floor
1021 East Cary Street, Richmond, VA 23219

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	☒ Delete
NAME	GOLDBERG, SCOTT	
STREET ADDRESS	896 S PATRICK CIRCLE	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE	VPD	☐ Delete
NAME	STEVENS, KARLENE S	
STREET ADDRESS	1655 PALM BEACH LAKES BLVD STE 1012	D
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	TD	☒ Delete
NAME	SUNCINE, BRIE	
STREET ADDRESS	225 9TH ST	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	D	☒ Delete
NAME	ALOJA, CHERYL	
STREET ADDRESS	15842 112TH DRIVE N	
CITY-ST-ZIP	JUPITER FARMS FL 33478	
TITLE	SD	☒ Delete
NAME	SMITH, HALSEY	
STREET ADDRESS	132 ROYAL PALM WAY	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	D	☒ Delete
NAME	BESHARA, RONALD	
STREET ADDRESS	901 45 ST	
CITY-ST-ZIP	WEST PALM BEACH FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	☒ Change ☐ Addition
NAME	Bernard J. North, CPA, P.P.	
STREET ADDRESS	2560 RCA Blvd., Ste. 108	D
CITY-ST-ZIP	Boca Raton, FL 33410	
TITLE	Secretary	☒ Change ☐ Addition
NAME	Michelle S. Gorden	
STREET ADDRESS	1345 N.W. 17th Ave. Ste 114	D
CITY-ST-ZIP	Delray Beach, FL 33445	
TITLE	Treasurer	☒ Change ☐ Addition
NAME	Daniel Mararzo, CHU, CPA	
STREET ADDRESS	2225 S. Ocean Blvd., #11	D
CITY-ST-ZIP	Delray Beach FL 33483	
TITLE	Member	☒ Change ☐ Addition
NAME	Juanita Malone	
STREET ADDRESS	6524 Stonegate Drive	D
CITY-ST-ZIP	Wellington, FL 33414	
TITLE	Member	☐ Change ☒ Addition
NAME	Betty Bell	
STREET ADDRESS	2428 24th Lane	D
CITY-ST-ZIP	Boca Raton, FL 33418	
TITLE	Member	☐ Change ☒ Addition
NAME	Harriet Goldstein, ACSW, DCSSW	
STREET ADDRESS	Barry University, 55 W. 103	D
CITY-ST-ZIP	230 N. Military Trail, Suite 103	
	Palm Beach Gardens, FL 33410	

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

4/30/01

Date

561-861-5572

Daytime Phone #

CR2E037 (10/00)