


**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 707262**

1. Entity Name

**THE CHILDREN'S HOME SOCIETY OF FLORIDA****FILED**  
**Feb 09, 2000 8:00 am**  
**Secretary of State**

02-09-2000 90382 002 \*\*\*\*70.00

Principal Place of Business <b>3027 SAN DIEGO RD P O BOX 10097 JACKSONVILLE FL 32247-0097</b>		Mailing Address <b>3027 SAN DIEGO RD P O BOX 10097 JACKSONVILLE FL 32247-0097</b>		DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>59-0192430</b>				Applied for Not Applied	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent <b>WEISZ, HOWARD 3027 SAN DIEGO ROAD JACKSONVILLE FL 32207</b>				7. Name and Address of New Registered Agent Name <b>David A. Bundy</b> Street Address (P.O. Box Number is Not Acceptable) <b>3027 San Diego Road</b> <b>Jacksonville, Florida 32207</b> City <b>FL</b> Zip Code <b>32207</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	D HALSEY, DOUGLAS 200 S. BISCAYNE BLVD., #4980 MIAMI FL <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C WARD, CRAIG B 105 E. ROBINSON ST., #501 ORLANDO FL <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BUNDY, DAVID 212 PASADENA PLACE ORLANDO FL 32801 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S David A. Bundy 3027 San Diego Road Jacksonville, FL 32207 <input checked="" type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEISZ, HOWARD 3027 SAN DIEGO RD JACKSONVILLE FL <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ADAMS, RICHARD B. JR. 66 W. FLAGLER #1000 MIAMI FL <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TRASK, PHILLIP 3027 SAN DIEGO ROAD JACKSONVILLE FL 32207 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	T David J. Mattice 3027 San Diego Road Jacksonville, Florida 32207 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/>
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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  DAVID J. MATTICE				1/21/2000 904/348-2840	
Date				Daytime Phone #	