

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 707262

FILED  
Jan 09, 2002  
Secretary of State

**Entity Name:** THE CHILDREN'S HOME SOCIETY OF FLORIDA

## Current Principal Place of Business:

3027 SAN DIEGO RD  
P O BOX 10097  
JACKSONVILLE, FL 322470097

## New Principal Place of Business:

1485 S. SEMORAN BLVD  
SUITE 1448  
WINTER PARK, FL 32792

## Current Mailing Address:

3027 SAN DIEGO RD  
P O BOX 10097  
JACKSONVILLE, FL 322470097

## New Mailing Address:

1485 S. SEMORAN BLVD  
SUITE 1448  
WINTER PARK, FL 32792

**FEI Number:** 59-0192430

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

## Name and Address of Current Registered Agent:

BUNDY, DAVID A  
3027 SAN DIEGO ROAD  
JACKSONVILLE, FL 32207

## Name and Address of New Registered Agent:

BUNDY, DAVID A P  
1485 S. SEMORAN BLVD.  
SUITE 1448  
WINTER PARK, FL 32792

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: DAVID A. BUNDY

01/09/2002

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: C ( ) Delete  
Name: HALSEY, DOUGLAS  
Address: 200 S. BISCAYNE BLVD., #4980  
City-St-Zip: MIAMI, FL

Title: D ( ) Delete  
Name: STEWART, TOM  
Address: P. O. BOX 169  
City-St-Zip: PONTE VEDRA BEACH, FL 32004

Title: P ( ) Delete  
Name: BUNDY, DAVID  
Address: 1485 S. SEMORAN BLVD SUITE 1485  
City-St-Zip: WINTER PARK, FL 32792

Title: S ( ) Delete  
Name: PATRICK, JAMES E  
Address: 1485 S. SEMORAN BLVD SUITE 1485  
City-St-Zip: WINTER PARK, FL 32792

Title: D ( ) Delete  
Name: CHARLES, BENSON  
Address: 3720 NW 169TH TERRACE  
City-St-Zip: MIAMI, FL 33055

Title: T ( ) Delete  
Name: MATTICE, DAVID J  
Address: 3027 SAN DIEGO ROAD  
City-St-Zip: JACKSONVILLE, FL 32207

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID J. MATTICE

T

01/09/2002

Electronic Signature of Signing Officer or Director

Date