

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90192 002 ****70.00

DOCUMENT # 707262

1. Entity Name
THE CHILDREN'S HOME SOCIETY OF FLORIDA



Principal Place of Business
1485 S. SEMORAN BLVD
SUITE 1448
WINTER PARK, FL 32792

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

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-0192430**
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *NA*

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent's 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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	☒ Delete
NAME	HALSEY, DOUGLAS
STREET ADDRESS	200 S. BISCAYNE BLVD., #4980
CITY-ST-ZIP	MIAMI, FL
TITLE	☐ Delete
NAME	STEWART, TOM
STREET ADDRESS	P. O. BOX 169
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32004
TITLE	☐ Delete
NAME	BUNDY, DAVID
STREET ADDRESS	1485 S. SEMORAN BLVD SUITE 1448
CITY-ST-ZIP	WINTER PARK, FL 32792
TITLE	☐ Delete
NAME	PATRICK, JAMES E
STREET ADDRESS	1485 S. SEMORAN BLVD SUITE 1448
CITY-ST-ZIP	WINTER PARK, FL 32792
TITLE	☐ Delete
NAME	CHARLES, BENSON
STREET ADDRESS	3720 NW 169TH TERRACE
CITY-ST-ZIP	MIAMI, FL 33055
TITLE	☒ Delete
NAME	MATTICE, DAVID J
STREET ADDRESS	3027 SAN DIEGO ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32207

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Chair	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	☐ Change ☒ Addition
NAME	Ed Kelly	
STREET ADDRESS	1301 Riverplace Blvd #1500	
CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE	Director	☐ Change ☒ Addition
NAME	Debbie Theroux	
STREET ADDRESS	270 S North Lake Blvd Ste 1008	
CITY-ST-ZIP	Altamonte Springs, FL 32701	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Chief Financial Officer	☐ Change ☒ Addition
NAME	Douglas J Weinberg	
STREET ADDRESS	1485 S Semoran Blvd Ste 1448	
CITY-ST-ZIP	Winter Park, FL 32792	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 another line empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/03

(321) 397-3000

Date

Daytime Phone #

CR2E037 (10/02)