

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90071 029 ****70.00

DOCUMENT # 716107

1. Entity Name

CHILDREN'S BUILDING, INC.

Principal Place of Business

**2100 45TH STREET
 WEST PALM BEACH FL 33407-2009
 US**

Mailing Address

**2100 45TH STREET
 WEST PALM BEACH FLA 33407-2016
 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

59-1764277

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**METCALF, ALLISON F
 2100 45TH ST
 WEST PALM BEACH FL 33407**

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.

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 \$61.25**

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

TITLE **CD** ☒ Delete
 NAME **ALEXANDER, DOUGLAS I**
 STREET ADDRESS **2499 WINDSOR WAY CT.**
 CITY-ST-ZIP **WELLINGTON FL**

TITLE **VD** ☐ Delete
 NAME **GULISANO, FRANK J**
 STREET ADDRESS **200 W. PALMETTO PARK RD. #301**
 CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **SD** ☐ Delete
 NAME **ABEDON, ROBIN**
 STREET ADDRESS **3215 SANTA BARBARA DR**
 CITY-ST-ZIP **WELLINGTON FL**

TITLE **TD** ☒ Delete
 NAME **NEWMAN, IRWIN J**
 STREET ADDRESS **1515 S.W. 22 AVE. CIR.**
 CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CD** ☐ Change ☒ Addition
 NAME **Constance N. Purcell**
 STREET ADDRESS **435 Brazilian Avenue**
 CITY-ST-ZIP **Palm Beach, FL 33480**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **6700 NW Broken Sound Pkwy, Suite 201**
 CITY-ST-ZIP **Boca Raton, FL 33487**

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

TITLE **TD** ☐ Change ☒ Addition
 NAME **Douglas Alexander, II**
 STREET ADDRESS **2499 Windsor Way Ct.**
 CITY-ST-ZIP **Wellington, FL 33414**

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

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #