

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

**FILED**  
**Sep 05, 2003 8:00 am**  
**Secretary of State**

09-05-2003 90105 027 \*\*\*\*70.00

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**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 FL 33407-2009  
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. I am familiar with, and accept the obligations of registered agent.

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  
After September 10, 2003, min will be \$236.25**

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 **VD** ☐ Delete  
NAME **BERRYMAN, JANICE**  
STREET ADDRESS **7105 WASHINGTON ROAD**  
CITY-ST-ZIP **WEST PALM BEACH FL 33405**

TITLE **CD** ☐ Delete  
NAME **GULISANO, FRANK J**  
STREET ADDRESS **6700 NW BROKEN SOUND PKWY, STE 201**  
CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE **SD** ☐ Delete  
NAME **ORR, JOSEPH A**  
STREET ADDRESS **P.O. BOX 31511**  
CITY-ST-ZIP **PALM BEACH GARDENS FL 33420**

TITLE **TD** ☐ Delete  
NAME **ROBINSON, JOSEPH**  
STREET ADDRESS **234 OLEANDER AVENUE #6**  
CITY-ST-ZIP **PALM BEACH FL 33480**

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

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

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

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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

**Douglas Weinberg (321) 397-3000**  
8.27.03 Date Daytime Phone #

CR2E037 (4/03)