

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 731145

1. Entity Name

DICK HOWSER CENTER FOR CHILDHOOD SERVICES, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90017 014 ****61.25

Principal Place of Business

Mailing Address

1233 MICCOSUKEE RD
 TALLAHASSEE FL 32308

1235 MICCOSUKEE RD
 TALLAHASSEE FL 32308-5007
 US

2. Principal Place of Business

3. Mailing Address

1235 Miccosukee Road

1235 Miccosukee Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1553555

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIS, LINDA
 39 EGRET STREET N.
 CRAWFORDVILLE FL 32327

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD Delete
 NAME CHUMBLER, BRENT
 STREET ADDRESS PO BOX 5257
 CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VPD Delete
 NAME DUNBAR, SUSAN
 STREET ADDRESS 4811 HIGHGROVE ROAD
 CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE TD Delete
 NAME DONALDSON, MICHAEL
 STREET ADDRESS PO BOX 190
 CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE Change Addition
 NAME ERIN Sjostrom
 STREET ADDRESS 2107 Ellcott Drive
 CITY-ST-ZIP Tallahassee, FL 32312

TITLE SD Delete
 NAME BALDINO, MARK D
 STREET ADDRESS 2602 LOTUS DR
 CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 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: Brent Chumblere President of Board 4/24/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850-671-3569

CR2E037 (9/99)