

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2002 8:00 am**  
**Secretary of State**

03-07-2002 90022 036 \*\*\*\*70.00

**DOCUMENT # 743453**

1. Entity Name

**LITTLE ACORNS CHILDREN & FAMILY PROGRAMS, INC.**

Principal Place of Business

Mailing Address

~~P.O. BOX 430875~~  
~~MIAMI FL 33243~~

506 LAKE ELBERT DR. E.  
 WINTER HAVEN FL 33881

*Miami-Dade County, FL*

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

**59-1836063**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GELINAS, RICK**  
**506 LAKE ELBERT DRIVE E.**  
**WINTER HAVEN FL 33881**

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	D	<input type="checkbox"/> Delete
NAME	AQUINO, AMY	
STREET ADDRESS	2074 NW 70 AVE	
CITY-ST-ZIP	4842 Canal Drive FORT LAUDERDALE FL 33317 Lake Worth, FL 33463	
TITLE	C	<input type="checkbox"/> Delete
NAME	RUSSO, RICHARD	
STREET ADDRESS	2255 GLADES ROAD, 337W	
CITY-ST-ZIP	1515 N. Federal Hwy BOCA RATON FL 33432 #412	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRIDSON, LINDA	
STREET ADDRESS	241 PALMETTO AVE	
CITY-ST-ZIP	MIAMI SPRINGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WARD, DAN	
STREET ADDRESS	3545 NE 166TH ST #807	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SADAKA, RON	
STREET ADDRESS	2011 N. FLAGLER DRIVE	
CITY-ST-ZIP	8145 Swaps Way WEST PALM BEACH FL Palm Bch Gardens, FL 33418	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROTHCHILD, HOWARD	
STREET ADDRESS	3625 N.W. 82 AVENUE #404	
CITY-ST-ZIP	1085 Papaya St MIAMI FL Hollywood, FL 33019	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Luis Mugnani	
STREET ADDRESS	2541 N. 84th Ave.	
CITY-ST-ZIP	Hollywood, FL 33021	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dennis Poalin	
STREET ADDRESS	3810 NW 10 Avenue	
CITY-ST-ZIP	FT. Lauderdale, FL 33319	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered.

SIGNATURE:

*Linda Gelinas (VP)* Linda Gelinas 2/18/02 863-298-8748

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)