

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 753372

1. Entity Name

OK KIDS, INC.

Principal Place of Business

OK KIDS, INC.
1905 GULF BOULEVARD
INDIAN SHORES FL 33785
US

Mailing Address

OK KIDS, INC.
1905 GULF BOULEVARD
INDIAN SHORES FL 33785-2219
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

59-2129154

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

TAVARES, GERALD A.
8 EAST TARPON AVENUE
TARPON SPRINGS FL 33589

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 filer if applicable.

(NOTE: Registered Agent signature required when re-registering)

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	PD Director	☐ Delete
NAME	MEERS, ROBERT F	
STREET ADDRESS	19418 GULF BOULEVARD #408	
CITY-ST-ZIP	INDIAN SHORES FL 33785	
TITLE	VP	☐ Delete
NAME	HURST, KRISTY K	
STREET ADDRESS	430 E. LANDIS STREET	
CITY-ST-ZIP	COOPERBURG PA 18036	
TITLE	VSD	☐ Delete
NAME	GLADIS, ROBIN R	
STREET ADDRESS	8208 1/2 W. OCEANFRONT	
CITY-ST-ZIP	NEWPORT BEACH CA 92660	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	Secretary/Treasurer	☐ Change ☒ Addition
NAME	Patrick K. Flanagan	
STREET ADDRESS	2701 W. Busch Blvd, Suite 114	
CITY-ST-ZIP	Tampa, FL 33618	
TITLE	VP	☒ Change ☐ Addition
NAME	AL W. SCHAFER	
STREET ADDRESS	11209 CASTLEBERRY RD.	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE	VPD Director	☐ Change ☐ Addition
NAME	ROBIN GLADIS	
STREET ADDRESS	5701 MARINER # 70 503A	
CITY-ST-ZIP	TAMPA, FL 33609	
TITLE	VP	☐ Change ☐ Addition
NAME	KRISTY K. HURST	
STREET ADDRESS	3324 MANOR CIRCLE	
CITY-ST-ZIP	RIVERVIEW, FL 33569	
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)(f), 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 817, 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

Robert F. Meeks

Date

2/17/2000 (813) 961-5296

Robert F. Meeks

APPROVED

04-28-2000 90020 002 *****70.00

FILED

00 JUN 29 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE