

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 755411

1. Entity Name

THE CHILDRENS CONSORTIUM, INC.

Principal Place of Business

819 NE 26TH STREET
FT LAUDERDALE FL 33305
US

Mailing Address

819 NE 26TH STREET
FT LAUDERDALE FL 33305-1239
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

59-2304134

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

OKRENT, ELLYN
C/O KIDS IN DISTRESS
819 NE 26TH ST
FT LAUDERDALE FL 33305

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 NAME ☐ Delete
D OKREN, ELLYN
STREET ADDRESS C/O KIDS IN DISTRESS, 819 NE 26TH ST
CITY-ST-ZIP FORT LAUDERDALE FL 33305

TITLE NAME ☐ Delete
D BUTCHER, IRENE
STREET ADDRESS C/O YMCA, 1702 CORDOVA RD
CITY-ST-ZIP FT. LAUDERDALE FL 33316

TITLE NAME ☐ Delete
SD BECKER, NANCY
STREET ADDRESS 915 MIDDLE RIVER DR
CITY-ST-ZIP FT LAUDERDALE FL 33304

TITLE NAME ☐ Delete
VD RAUDLAUER, JULIE
STREET ADDRESS 4720 N STATE ROAD 7
CITY-ST-ZIP FT LAUDERDALE FL 33319

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition
(Correction)
OKRENT, ELLYN
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☒ Change ☐ Addition
C/O YMCA, 5100 N. Federal Hwy; Suite 300-B
STREET ADDRESS Ft. Lauderdale, FL 33308
CITY-ST-ZIP

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

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

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

TITLE NAME ☐ Change ☐ Addition
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:

Ellen OKrent RECEIVED OKrent

1-13-00

(954) 390-7654

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #