

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2001 8:00 am**  
**Secretary of State**  
 02-07-2001 90140 048 \*\*\*\*70.00

**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  
 US**

**012299**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2304134**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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 if not a corporation)

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>OKRENT, ELLYN</b> <b>C/O KIDS IN DISTRESS, 819 NE 26TH ST</b> <b>FORT LAUDERDALE FL 33305</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BUTCHER, IRENE</b> <b>% YMCA, 5100 N. FED. HWY STE 300B</b> <b>FORT LAUDERDALE FL 33308</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>BECKER, NANCY</b> <b>915 MIDDLE RIVER DR</b> <b>FT LAUDERDALE FL 33304</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>RAUDLAUER, JULIE</b> <b>4720 N STATE ROAD 7</b> <b>FT LAUDERDALE FL 33319</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

**REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-30-01**

Date

Daytime Phone #

CR2E037 (10/00)