

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90200 038 ****61.25

DOCUMENT # 760999

1. Entity Name

CHILDREN'S DREAM FUND, INC.

Principal Place of Business

Mailing Address

33 6TH ST S
ST PETERSBURG FL 33701
US

33 6TH ST S
ST PETERSBURG FL 33701
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

59-2145821

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

LAKE, CYNTHIA A.
33 6TH ST S
ST PETERSBURG FL 33701

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 NAME STREET ADDRESS CITY-ST-ZIP	D WENIGER, CHARLES 400 4TH STREET NORTH ST PETERSBURG FL 33701	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STEINBRENNER, JOAN P.O. BOX 6030 CLEARWATER FL 33758	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARBOSA, CAROL 1751 BRIGHTWATERS BLVD. NE ST PETERSBURG FL 33704	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FAULK, DEBRA 100 NORTH TAMPA SUITE 1350 TAMPA FL 33602	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLMAN, CAROLYN 3015 W. SAN CARLOS ST. TAMPA FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCCOLLUM, RICHARD 6655 66 STREET NORTH PINELLAS PARK FL 33781	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Shedd, Ed 2725 W. Grace St. Suite 210 Tampa, FL 33607	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Thom Tremaine 880 Canillon Parkway St. Petersburg, FL 33716	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kathy Nelson 701 16 St. S. St. Petersburg, FL 33701	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Werner Koester 1502 2nd Ave. N. Suite 790 St. Petersburg, FL 33602	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Nick Manna 4100 Boy Scout Blvd Tampa, FL 33607	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Frank McPeak 2834 Sandpiper Pl Clearwater, FL 33762	☐ Change ☒ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/02 727 892-6000

CR2E037 (9/01)