

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762323

1. Entity Name

KAT CADOGAN HOME FOR CHILDREN, INC.

Principal Place of Business

4003 WENDY DRIVE
ORLANDO FL 32808
US

Mailing Address

P.O. BOX 5712
ORLANDO FL 32855
US

2. Principal Place of Business

4003 Wendy Dr.
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 5712
Suite, Apt. #, etc.

City & State

Orlando FL
Zip 32808 Country Orlando

City & State

Orlando, FL
Zip 32855 Country Orange

4. FEI Number

59-2207112

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STREET, LOTTIE
254 DOMINO DR
ORLANDO FL 32805

7. Name and Address of New Registered Agent

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 file 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 STREET ADDRESS CITY-ST-ZIP	P STREET, LOTTIE E. 254 DOMINO DRIVE ORLANDO FL 32805	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHRISTIAN, JOAN 2445 TESORO CT KISSIMEE FL 34744	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDRONI, NICK 3316 MONIKA CIRCLE ORLANDO FL 32812	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O GOLUB, STEVEN 1142 WEBSTER ST ORLANDO FL 32804	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O SWINSON, PENNY 125 TRAVIS LANE HEWITT TX 76643	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCH SWINSON, DAVID JR 125 TRAVIS LANE HEWITT TX 76643	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dennis, Velma 2238 Oshkosh Ct. Orlando, FL 32818	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Fennessy, Corinne 7806 St. Andrews Cir. Orlando, FL 32835	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Barrett, Rita 8021 Courtleigh Dr. Orlando, FL 32835	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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:

L. SWINSON, PRESIDENT 3/21/00

Date

407 295-9350

Daytime Phone #

APPROVED
AND
FILED

00 MAY -4 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03/27/2000 90089 050-61-25

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*****8.75 *****8.75