

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

0091173

DOCUMENT # 762323

1. Entity Name

KAT CADOGAN HOME FOR CHILDREN, INC.

04-17-2001 90028 037 *****70.00

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.



DO NOT WRITE IN THIS SPACE

City & State

Orlando, FL

City & State

Orlando FL

4. FEI Number

59-2207112

Applied For

☒ Not Applicable

Zip

32808

Country

Orange

Zip

32855

Country

Orange

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 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 **P** ☐ Delete
 NAME **STREET, LOTTIE E.**
 STREET ADDRESS **254 DOMINO DRIVE**
 CITY-ST-ZIP **ORLANDO FL 32805**

TITLE **D** ☒ Delete
 NAME **CHRISTIAN, JOAN**
 STREET ADDRESS **2445 TESORO CT**
 CITY-ST-ZIP **KISSIMMEE FL 34744**

TITLE **D** ☐ Delete
 NAME **SANDRONI, NICK**
 STREET ADDRESS **3316 MONIKA CIRCLE**
 CITY-ST-ZIP **ORLANDO FL 32812**

TITLE **D** ☒ Delete
 NAME **DENNIS, VELMA**
 STREET ADDRESS **2238 OSHKOSH CT.**
 CITY-ST-ZIP **ORLANDO FL 32818**

TITLE **D** ☐ Delete
 NAME **FENNESY, CORINNE**
 STREET ADDRESS **7806 ST. ANDREWS CIR.**
 CITY-ST-ZIP **ORLANDO FL 32835**

TITLE **DCH** ☐ Delete
 NAME **SWINSON, DAVID JR**
 STREET ADDRESS **125 TRAVIS LANE**
 CITY-ST-ZIP **HEWITT TX 76643**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **(D)** ☐ Change ☒ Addition
 NAME **Hawley, Bridget**
 STREET ADDRESS **8544 Commodity Circle**
 CITY-ST-ZIP **Orlando, FL 32819**

TITLE **D** ☐ Change ☒ Addition
 NAME **Redmond, Sarah**
 STREET ADDRESS **8544 Commodity Circle**
 CITY-ST-ZIP **Orlando, FL 32819**

TITLE **D** ☐ Change ☒ Addition
 NAME **Smith, Zackary**
 STREET ADDRESS **4007 Wendy Dr.**
 CITY-ST-ZIP **Orlando, FL 32808**

TITLE **D** ☐ Change ☒ Addition
 NAME **Street, Charles**
 STREET ADDRESS **254 Domino Dr.**
 CITY-ST-ZIP **Orlando, FL 32805**

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)(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:

LOTTIE STREET, President 407 295-9350
 2/21/01
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)