

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-16-2002 90021 040 ****70.00

DOCUMENT # 762323

1. Entity Name

KAT CADOGAN HOME FOR CHILDREN, INC.

Principal Place of Business

4003 WENDY DR.
 ORLANDO FL 32808
 US

Mailing Address

P.O. BOX 5712
 ORLANDO FL 32855
 US

2. Principal Place of Business

Mailing Address

4003 WENDY DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

32808

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

**STREET, LOTTIE
 254 DOMINO DR
 ORLANDO FL 32805**

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: **REGISTERED AGENT** Delete
 NAME: **STREET, LOTTIE E.**
 STREET ADDRESS: **254 DOMINO DRIVE**
 CITY-ST-ZIP: **ORLANDO FL 32805**

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

TITLE: **D** Delete
 NAME: **REDMOND, SARAH**
 STREET ADDRESS: **8544 COMMONDITY CIR.**
 CITY-ST-ZIP: **ORLANDO FL 32819**

TITLE: **DIRECTOR** Change Addition
 NAME: Change Addition
 STREET ADDRESS: **4003 WENDY DR**
 CITY-ST-ZIP: **ORLANDO FL 32808**

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

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

TITLE: **D** Delete
 NAME: **STREET, CHARLES**
 STREET ADDRESS: **254 DOMINO DR.**
 CITY-ST-ZIP: **ORLANDO FL 32805**

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

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

TITLE: **DIRECTOR** Change Addition
 NAME: **PATREZA NEWTON**
 STREET ADDRESS: **1873 TIGER WOOD CT**
 CITY-ST-ZIP: **ORLANDO FL 32818**

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

TITLE: **VICE-PRESIDENT** Change Addition
 NAME: **BRIDGET HAWLEY**
 STREET ADDRESS: **4003 WENDY DR**
 CITY-ST-ZIP: **ORLANDO FL 32808**

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 changes empowered.

SIGNATURE:

SIGNATURE REQUIRED

4-1-02

407-293-1364

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2007 (9/01)