

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 764108

1. Entity Name

MISSING CHILDREN...HELP CENTER, INC.

Principal Place of Business

410 WARE BLVD.
SUITE 400
TAMPA FL 33619

Mailing Address

410 WARE BLVD.
SUITE 400
TAMPA FL 33619

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301

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 PD
NAME HINTON, ROBERT C JR
STREET ADDRESS 5015 TRACY STE 100
CITY-ST-ZIP DALLAS TX 75205-3400 ☐ Delete

TITLE VPD
NAME TAYLOR, JERRY L
STREET ADDRESS 1501 BADGLEY RD.
CITY-ST-ZIP JACKSON MI ☐ Delete

TITLE AT
NAME HAGEN, GERALDINE
STREET ADDRESS 3116 PAMEL WAY
CITY-ST-ZIP LOUISVILLE KY ☒ Delete

TITLE STD
NAME CRARY, BYRON R.,
STREET ADDRESS P.O. BOX 1427 N/A
CITY-ST-ZIP JACKSON MI 49204-1427 ☒ Delete

TITLE AS
NAME ORDWAY, JUDITH A
STREET ADDRESS 2309 KENILWORTH
CITY-ST-ZIP JACKSON MI ☐ Delete

TITLE AT
NAME SMITH, ROSERMARY
STREET ADDRESS 7321 LAGRANGE RD, STE. 211
CITY-ST-ZIP LOUISVILLE KY ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE Dir. Cunningham, Wm. P.
NAME 3245 S. Pacific Ave.
STREET ADDRESS San Pedro, CA 90731 ☐ 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.

(517)

SIGNATURE:

Judith A. Ordway
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Judith A. Ordway, Ast. Sec. 4/12/01 764-6070

Date

Daytime Phone #

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90136 049 *****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)