

# 2001 UNIFORM BUSINESS REPORT (UBR)

0087318

DOCUMENT # 765551

1. Entity Name

CHILDREN'S RIGHTS OF AMERICA, INC.

FILED

01 DEC 28 PM 4:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1200 ABERNATHY RD  
SUITE 1700  
ATLANTA GA 30328  
US

Mailing Address

PO BOX 3581  
ALPHARETTA GA 30023  
US

2. Principal Place of Business

PO Box 3581

3. Mailing Address

Suite, Apt. #, etc.

City & State

ALPHARETTA, GA

City & State

Zip

Country

4. FEI Number

59-2261769

Applied For

Not Applicable

Zip

30023

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PARSLEY, CAROL  
11722 CURRIE LN.  
#12  
LARGO FL 34644

7. Name and Address of New Registered Agent

Name: THELMA JONES  
Street Address (P.O. Box Number is Not Acceptable): 250 58TH ST. No. # 41  
City: ST. PETERSBURG, FL Zip Code: 33709

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

Thelma Jones Thelma Jones  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12/28/01  
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	CD	<input type="checkbox"/> Delete
NAME	VOSS, JIM	
STREET ADDRESS	1729 FAIRFAX	
CITY-ST-ZIP	BARNHART MO	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ROSENTHAL, KATHERYN	
STREET ADDRESS	8735 DUNWOODY PL #6	
CITY-ST-ZIP	ATLANTA GA 30350	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ZANDER, CARL	
STREET ADDRESS	2650 S 46TH ST., #102	
CITY-ST-ZIP	PHOENIX AZ 85082	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GIMON, ALEXANDER	
STREET ADDRESS	655 ULMERTON ROAD, STE 7-C	
CITY-ST-ZIP	LARGO FL 34641	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LS	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300004765073--1	
STREET ADDRESS	-01/10/02--01058--015	
CITY-ST-ZIP	***236.25 ***236.25	
TITLE	DST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THELMA JONES	
STREET ADDRESS	250 58TH ST. No.	
CITY-ST-ZIP	ST. PETERSBURG, FL 33709	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELTON PRICE	
STREET ADDRESS	10745 HAWKHEURST WAY	
CITY-ST-ZIP	DULUTH, GA 30097	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: KATHERYN ROSENTHAL Katheryn Rosenthal 12/26/01

REINSTATEMENT 2001

CR2E037 (10/00)