

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F95000000912**

1. Entity Name

CHILD WELFARE INSTITUTE, INC.

Principal Place of Business

**1349 W. PEACHTREE ST.
SUITE 900
ATLANTA GA 30309**

Mailing Address

**1349 W. PEACHTREE ST.
SUITE 900
ATLANTA GA 30309-2919**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

56-1392972

Applied For

Not Applied For

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

**BLACK, JANET
2107 DELTA WAY
TALLAHASSEE FL 32303-4209**

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	VP	<input type="checkbox"/> Delete
NAME	FITZ-RITSON, SHIRLEY	
STREET ADDRESS	1349 WEST PEACHTREE STREET NE	
CITY-ST-ZIP	ATLANTA GA 30309	
TITLE	S	<input type="checkbox"/> Delete
NAME	HOLLAND, DEBORAH	
STREET ADDRESS	2 GATEWAY CENTER	
CITY-ST-ZIP	PITTSBURGH PA	
TITLE	AD	<input checked="" type="checkbox"/> Delete
NAME	BUDLONG, MICHAEL	
STREET ADDRESS	1349 W. PEACHTREE ST., N.E.	
CITY-ST-ZIP	ATLANTA GA	
TITLE	T	<input type="checkbox"/> Delete
NAME	YUEN, YUESEN	
STREET ADDRESS	1979 SUTTER STREET	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	KAISER, FRANK	
STREET ADDRESS	708 DUNCAN AVE APT 1101	
CITY-ST-ZIP	PITTSBURGH PA 15237	
TITLE	P	<input type="checkbox"/> Delete
NAME	MORTON, THOMAS D	
STREET ADDRESS	1349 W. PEACHTREE STREET, NE, STE 900	
CITY-ST-ZIP	ATLANTA GA 30309	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Chairperson	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Norman Powell	
STREET ADDRESS	521 Lancaster Ave., 300 Stratton Bldg.	
CITY-ST-ZIP	Richmond, KY 40475	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90132 039 ****61.25



DO NOT WRITE IN THIS SPACE

1-11-2000