

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000005927

1. Entity Name

CHILDRENS HOPES & DREAMS FOUNDATION, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90167 022 ****70.00

Principal Place of Business

Mailing Address

280 RT. 46
DOVER NJ 07801

3 GAP VIEW DR.
BLAIRSTOWN NJ 07825

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

22-2452473

Applied For

Not Applicable

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

PHOENIX, ROSE M
3051 NARCISSUS AVE.
SANFORD FL 32771

Name

Jessica Martinez

Street Address (P.O. Box Number is Not Acceptable)

5800 University Blvd. Apt. 426

City

Jacksonville

FL

Zip Code

32216

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

Jessica Martinez
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

January 26, 2000
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 ☐ Delete
NAME PT
STREET ADDRESS FRANKLIN, VIC
CITY-ST-ZIP 3 GAP VIEW DR.
BLAIRSTOWN NJ 07825

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

TITLE ☐ Delete
NAME VST
STREET ADDRESS PETERSON, DANIEL
CITY-ST-ZIP 2 SOMMERFIELD AVE., BOX 38
MT TABOR NJ

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

TITLE ☐ Delete
NAME T
STREET ADDRESS STARK, JAMES
CITY-ST-ZIP 6 EAST SIDE DR.
NEWTON NJ 07860

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

TITLE ☐ Delete
NAME S
STREET ADDRESS GABLE, GIN
CITY-ST-ZIP 607 ELIZABETH AVE.
SOMERSET NJ 08873

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

TITLE ☐ Delete
NAME T
STREET ADDRESS KERSHNER, JAN
CITY-ST-ZIP 12463 SKIPPER CIRCLE
WOODBIDGE VA 22192

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

TITLE ☐ Delete
NAME T
STREET ADDRESS ROBLES, MICHELE
CITY-ST-ZIP 7101 WIL LOU LN.
N. RIDGEVILLE OH 44039

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:

Franklin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/00 *908459-9393*
Date Daytime Phone #

CR2E037 (9/99)