

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000006710

1. Entity Name

ASSOCIATION FOR CHILDREN FOR ENFORCEMENT OF SUPP

Principal Place of Business

2260 UPTON AVE
TOLEDO OH 43606

Mailing Address

2260 UPTON AVE
TOLEDO OH 43606-4300

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

34-1452416

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BERRY, KELLY
16394 EAST GLASGOW DR
LOXAHATCHEE FL 33470

7. Name and Address of New Registered Agent

Name Jane LeBaron
Street Address (P.O. Box Number is Not Acceptable)
799 AUGUST SE
City Palm Bay FL Zip Code 32909

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

Jane LeBaron

4-6-2000

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	CD	<input type="checkbox"/> Delete
NAME	BERRY, KELLY	
STREET ADDRESS	16394 E. GLASGOW DR	
CITY-ST-ZIP	LOXAHATCHEE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LAVA, EVELYN	
STREET ADDRESS	6237 97 CT S.	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	AMBLER, KIM	
STREET ADDRESS	135 FERNE LN	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASTEEL, KIM	
STREET ADDRESS	404 SANDTREE DR	
CITY-ST-ZIP	PBG FL	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jane LeBaron	
STREET ADDRESS	799 AUGUST SE	
CITY-ST-ZIP	Palm Bay FL 32909	
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		<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, typed or printed name of signing officer or director

Date

Daytime Phone #

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90153 010 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)