

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State
 04-27-2000 90035 028 ***150.00

DOCUMENT # F98728

1. Entity Name
CHILDREN'S HOUSE OF POMPANO BEACH, INC.

Principal Place of Business
1999 N.E. 6TH STREET
POMPANO BEACH FL 33060

Mailing Address
1999 N.E. 6TH STREET
POMPANO BEACH FL 33060-6540

2. Principal Place of Business
307 NE 1st Street
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
Pompano Beach, FL

City & State
Same

Zip
33060

Country
Broward

Zip
33

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2220208**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
EISWERTH, APRIL
903 N.E. 8TH STREET
POMPANO BCH FL 33060

3400 Bayview Dr
Ft. Lauderdale, FL
33306

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EISWERTH, MARY P.		NAME		
STREET ADDRESS	2327 NE 29TH ST.		STREET ADDRESS		
CITY-ST-ZIP	LIGHTHOUSE PTE FL		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EISWERTH, APRIL		NAME		
STREET ADDRESS	903 N.E. 8TH STREET		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH FL		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EISWERTH, JEFFREY		NAME		
STREET ADDRESS	420 S.E. 3RD TERR.		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH FL		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EISWERTH, SHERRY		NAME		
STREET ADDRESS	420 S.E. 3RD TERR.		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mary P. Eiswerth **4/17/00** **954-946-7215**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **MARY P. Eiswerth** Daytime Phone #

CR21.034 (9/99)