

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90147 045 ***550.00

DOCUMENT # H62406

1. Entity Name

CHILDRENS HOUSE OF FT. MYERS, INC.

Principal Place of Business

C/O CHARLES P TOUTON
2151 CRYSTAL DR.
FT. MYERS FL 33907
US

Mailing Address

C/O CHARLES P TOUTON
2151 CRYSTAL DR.
FT. MYERS FL 33907
US

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

59-2556592

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

TOUTON, CHARLES P
2151 CRYSTAL DR.
FT. MYERS FL 33907

Name

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

FL

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

Charles P. Touton

9.8.00

Signature, typed or printed name of registered agent and title if applicable.

(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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	DP	<input type="checkbox"/> Delete
NAME	TOUTON, CHARLES P	
STREET ADDRESS	2151 CRYSTAL DRIVE	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	AZEVEDO, RUTH ANNE	
STREET ADDRESS	2151 CRYSTAL DRIVE	
CITY-ST-ZIP	FT MYERS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOUTON, CHARLES	
STREET ADDRESS	2151 CRYSTAL DR	
CITY-ST-ZIP	FT. MYERS, FL 33907-4147	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AZEVEDO, RUTH ANNE	
STREET ADDRESS	2151 CRYSTAL DR.	
CITY-ST-ZIP	FT. MYERS, FL 33907-4147	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AZEVEDO, WILLIAM S.	
STREET ADDRESS	2151 CRYSTAL DR.	
CITY-ST-ZIP	FT. MYERS, FL 33907-4147	
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		

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:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9.8.00

Date

941.936.4575

Daytime Phone #

CR2E034 (5/00)