

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 28, 2001 08:00 AM**
Secretary of State**DOCUMENT # J83735**1. Entity Name
RUSSELL CHILDREN'S TRUST, INC.

Principal Place of Business P.O. BOX 858 OPA LOCKA FL 33054	Mailing Address P.O. BOX 858 OPA LOCKA FL 33054
---	---

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
65-0053132

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

SIMON, SCHINDLER, HURST & SANDBERG, P.A.
1492 S. MIAMI AVEMIAMI FL
33130 US

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 _____ **04/28/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DS	<input type="checkbox"/> Delete
NAME	O	
STREET ADDRESS	1551 SW 129 WAY	
CITY-ST-ZIP	DAVIE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUSSELL, GLENN	
STREET ADDRESS	RT. 1 BOX 14	
CITY-ST-ZIP	LYONS GA	
TITLE	DP	<input type="checkbox"/> Delete
NAME	RUSSELL, GARY	
STREET ADDRESS	17050 NW 30 AVE	
CITY-ST-ZIP	OPA LOCKA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUSSELL, GEORGE L.	
STREET ADDRESS	2601 S.W. 31ST AVENUE	
CITY-ST-ZIP	HALLANDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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: GARY RUSSELL

DP

04/28/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)