## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N0000000326

May 01, 2002 8:00 AM Secretary of State

Entity Name: CHILDREN'S HOME SOCIETY SERVICES OF MIAMI DADE FLORIDA, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

800 N.W. 15TH ST. 1485 S SEMORAN BLVD MIAMI, FL 33136

1448

WINTER PARK, FL 32792

**Current Mailing Address: New Mailing Address:** 

800 N.W. 15TH ST. 1485 S SEMORAN BLVD 1448

MIAMI, FL 33136

WINTER PARK, FL 32792

FEI Number: 65-0978991 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

MATTICE, DAVID J PATRICK, JAMES E 3027 SAN DIEGO RD. 1485 S SÉMORAN BLVD PO BOX 10097 1448

JACKSONVILLE, FL 32247 WINTER PARK, FL 32792

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.

Name:

Address:

SIGNATURE: JAMES E. PATRICK 05/01/2002

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete

PATRICK, JAMES E PATRICK, JAMES E Name: Name: 800 NW 15TH STREET Address: 1485 S SEMORAN BLVD Address: City-St-Zip: MIAMI, FL 33136 City-St-Zip: WINTER PARK, FL 32792

Title: () Delete Title: (X) Change ( ) Addition Name:

MATTICE, DAVID J Name: VISALLI, CHARLES Address: 3027 SAN DIEGO RD., PO BOX 10097 Address: 1485 S SEMORAN BLVD City-St-Zip: JACKSONVILLE, FL 32247 City-St-Zip: WINTER PARK, FL 32792

Title: () Delete Title: (X) Change ( ) Addition BUNDY, DAVID DEMARK, DIANE Name: Name:

800 NW 15TH STREET Address: Address: 1485 S SEMORAN BLVD City-St-Zip: MIAMI, FL 33136 City-St-Zip: WINTER PARK, FL 32792

Title: (X) Delete Title: () Change () Addition

HUGHES, JOAN Name: 800 NW 15TH STREET Address: City-St-Zip: MIAMI, FL 33136 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES E. PATRICK D 05/01/2002