

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
 05-03-2001 90038 038 ****70.00

DOCUMENT # N00000001012

1. Entity Name

BEST INTERESTS OF OUR PARENTS AND KIDS TOGETHER,

Principal Place of Business

Mailing Address

16394 EAST GLASGOW DR.
 LOXAHATCHEE FL 33470

16394 EAST GLASGOW DR.
 LOXAHATCHEE FL 33470

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

65-1004491

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

BERRY, KELLY
16394 EAST GLASGOW DR.
LOXAHATCHEE FL 33470

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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See attached

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: *Lee Ellen Dascott* **SIGNATURE REQUIRED** Lee Ellen Dascott 4/27/01 (561) 790-0536
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)

Attachment

N00000001012

967413

**Best Interests of Our Parents and Kids Together, Inc.
Officers**

Co-ED

Kelly Berry

16394 East Glasgow Drive
Loxahatchee, Florida 33470

Co-ED

Lee Ellen Dascott

4206 Plumosa Street
West Palm Beach, Florida 33406

C

Chief Gary Frechette

Pahokee Police Department
171 ½ North Lake Avenue
Pahokee, Florida 33476

T

Reverend Michael Payne

306 Ontario Place
West Palm Beach, Florida 33407

S

Alice Knapp

4280 Marilyn Drive
Lake Worth, Florida 33461