

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90080 020 \*\*\*\*70.00

**DOCUMENT # N00000001012**

1. Entity Name

**BEST INTERESTS OF OUR PARENTS AND KIDS TOGETHER, INC.**

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

4. FEI Number

**65-1004491**

Applied For

Not Applicable

Zip

Country

Zip

Country

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 ☐ Delete  
 NAME **COED**  
 STREET ADDRESS **BERRY, KELLY**  
 CITY-ST-ZIP **16394 EAST GLASGOW DRIVE**  
**LOXAHATCHEE FL 33470**

TITLE ☐ Change ☒ Addition  
 NAME **See attached**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **COED**  
 STREET ADDRESS **DASCOTT, LEE ELLEN**  
 CITY-ST-ZIP **4206 PLUMOSA STREET**  
**WEST PALM BEACH FL 33406**

TITLE ☒ Change ☐ Addition  
 NAME **COED**  
 STREET ADDRESS **Lee Ellen Dascott**  
 CITY-ST-ZIP **4747 Pinemore Lane**  
**Lake Worth, FL 33463**

TITLE ☐ Delete  
 NAME **C**  
 STREET ADDRESS **FRECHETTE, GARY CHIEF**  
 CITY-ST-ZIP **PPD, 171 1/2 NORTH LAKE AVENUE**  
**PAHOKEE FL 33476**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **T**  
 STREET ADDRESS **PAYNE, MICHAEL REV.**  
 CITY-ST-ZIP **306 ONTARIO PLACE**  
**WEST PALM BEACH FL 33407**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **S**  
 STREET ADDRESS **KNAPP, ALICE**  
 CITY-ST-ZIP **4280 MARILYN DRIVE**  
**LAKE WORTH FL 33461**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Lee Ellen Dascott 4-28-02 (561) 790-0536**

Date

Daytime Phone #

CR2E037 (9/01)

Attachment #N00000007012

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

D

James Collins  
16064 East Brighton  
Loxahatchee, Florida 33470

D

Karen Crofford  
5372 Bosque Lane #130  
West Palm Beach, Florida 33415

D

Mary Faller  
2209 NW 15th Way  
Boynton Beach, FL 33436

D

David Fellows  
Suspension Solutions Inc.  
638 NE Ninth Avenue  
Boynton Beach, Florida 33435

D

Annette Katarincic  
6115 Silver Oak Drive  
Lake Worth, Florida 33467