

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000001040

1. Entity Name

CHILD ADVOCACY CENTER, INC.

Principal Place of Business

2720 N.E. 20TH WAY
GAINESVILLE FL 32601

Mailing Address

P.O. BOX 1128
GAINESVILLE FL 32602

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31-1705396

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, DEE DEE
1000 N.E. 16TH AVENUE
BUILDING F
GAINESVILLE FL 32601

7. Name and Address of New Registered Agent

Name Karen Godley

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

2720 NE 20th Way

City Gainesville

FL

Zip Code 32609

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

Karen C. Godley, Director

4/23/02

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAM, LESLIE 2012 WEST UNIVERSITY AVE. GAINESVILLE FL 32604	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERRINGTON, JAY 912 NW 56TH TERRACE GAINESVILLE FL 32605	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, LIZ 5915 NW 27TH AVE GAINESVILLE FL 32606	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCLEAN, MARILYN 425 SW 88TH TERRACE GAINESVILLE FL 32607	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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]
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90124 012 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)