## 2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N0000001859

## FILED Feb 09, 2001 8:00 am

1/19/0

CHILDE	REN'S FUND, INC.					Secre 01-19-2	-	•	<b>Stat</b>	
Principal Place of Business 427 THIRD STREET NORTH JACKSONVILLE BEACH FL 32250		Mailing Address 427 THIRD STREET NORTH JACKSONVILLE BEACH FL								
2. Principal	Place of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apr. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		City & State		· · ·	4. FEI Numbe				oplied For	]
Zip Country		Zip Cou			Not A  Solution  Solution  Not A  \$8.75 Addition Fee Required					
	6. Name and Address of Current I	Registered Agent			7. Name and	Address of New R				1
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	SS, WILLIAM G D STREET NORTH	Street A		treet Address (	P.O. Box Numbe	r is Not Acceptable	) <del></del> (		a parameter de la companya de la com	
	WILLE BEACH FL 32250									
	VIII		C	ity			FL	Zip Cod	le	]
8. The above	e named entity submits this statement for	the purpose of changing its	registered o	ffice or régister	red agent, or both	n, in the state of Flo	rida.			
	Sugar State Control of the	534 (4.5°								ŀ
SIGNATURE	<u> </u>	•								1
SIGNATURE	Signeture, typed or printed name of registered agent a	nd title if applicable." (NOTE	: Registered Age	nt aignature required	d when reinstming)		DATE		•	
SIGNATURE	Signature, typed or printed harne of registered agent a FILE NOW: FEE IS \$61.25	9. Election Campaign Trust Fund Contribu	Financing	\$5.0	When reinstating)		Check Papartment of		·	
SIGNATURE	FILE NOW:	9. Election Campaign Trust Fund Contribu	Financing	\$5.0 Added	O May Be I to Fees		Check Pa	f State	1	
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I hereby certify that the information supplied with this filling 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:

1-4-01

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