

# 2001 UNIFORM BUSINESS REPORT (UBR)

1/19/0

**FILED**  
**Feb 09, 2001 8:00 am**  
**Secretary of State**

01-19-2001 90073 010 \*\*\*\*61.25

**DOCUMENT # N00000001859**

1. Entity Name

**CHILDREN'S FUND, INC.**

Principal Place of Business

**427 THIRD STREET NORTH  
JACKSONVILLE BEACH FL 32250**

Mailing Address

**427 THIRD STREET NORTH  
JACKSONVILLE BEACH FL 32250**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ 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

**HILLEGASS, WILLIAM G  
427 THIRD STREET NORTH  
JACKSONVILLE BEACH FL 32250**

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

TITLE ☐ Delete

**D  
HUNTER, FRANKLIN  
483 PALMWOOD COURT  
ATLANTIC BEACH FL 32233**

TITLE ☐ Delete

**D  
SHAILER, KIM  
% 427 THIRD STREET NORTH  
JACKSONVILLE BEACH FL 32250**

TITLE ☐ Delete

**D  
ROSER, VINCE  
2253 BEACHCOMER TRAIL  
ATLANTIC BEACH FL 32233**

TITLE ☐ Delete

**D  
KELLEY, TRICIA  
2419 BRITTANY COURT  
PONTE VEDRA BEACH FL 32082**

TITLE ☐ Delete

**D  
LINN, RICHARD A  
324 OCEANWOOD DRIVE  
NEPTUNE BEACH FL 32266**

TITLE ☐ Delete

**D  
BROWARD, LEIGH  
1299 FOREST OAKS  
NEPTUNE BEACH FL 32266**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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:

**SICILIA T. BROWN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-4-01**

Date

**9042460713**

Daytime Phone #

CR2E037 (10/00)