

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90086 022 ****70.00

DOCUMENT # N00000002079

1. Entity Name

THE ALL CHILDREN FOUNDATION, INC.

Principal Place of Business

1445 SILVER PINE LN.
TALLAHASSEE FL 32312

Mailing Address

1445 SILVER PINE LN.
TALLAHASSEE FL 32312

2. Principal Place of Business

8524 Hartsfield Rd.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Tallahassee, FL.

City & State

Zip

32303

Country

USA

Country

4. FEI Number

31-1708755

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HUNTER, CURTIS B
1300 THOMASWOOD DR.
TALLAHASSEE FL 32312**

7. Name and Address of New Registered Agent

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 **D** ☐ Delete
NAME **BROWN, BETSEY M**
STREET ADDRESS **1445 SILVER PINE LN.**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **D** ☐ Delete
NAME **BROWN, W. ANTHONY**
STREET ADDRESS **1445 SILVER PINE LN.**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **D** ☐ Delete
NAME **MERICKEL, ALAN**
STREET ADDRESS **1866 NEWMAN LN.**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Treasurer** ☐ Change ☒ Addition
NAME **Rick Straub**
STREET ADDRESS **10026 Journeys End**
CITY-ST-ZIP **Tallahassee, FL 32312**

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

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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:

Bickley M. Brown **Bickley M. Brown** **1-16-01** **850-523-0054**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)