

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000006527

1. Entity Name

R.E.A.C.H. KIDS INC.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90032 047 ****61.25

304554



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

3451 WILLIS DR.
TITUSVILLE FL 32796

3451 WILLIS DR.
TITUSVILLE FL 32796

2. Principal Place of Business

2190 Christine Dr.

3. Mailing Address

2190 Christine Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Titusville, FL

City & State

Titusville, FL

4. FEI Number

59-3664407

☒ Applied For
☐ Not Applicable

Zip 32796

Country USA

Zip 32796

Country U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAYHOFF, COLLEEN S
3451 WILLIS DR.
TITUSVILLE FL 32796

7. Name and Address of New Registered Agent

Name Dayhoff, Colleen

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

2190 CHRISTINE DR.

City Titusville

FL

Zip Code 32796

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 Colleen S. Dayhoff Colleen S. Dayhoff (Executive Director) 04-22-01
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	DPV COPELAND, CHARLES 4302 SEYBOLD AVE ORLANDO FL 32808 Died Nov 27, 2000	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST COPELAND, CLARA 4302 SEYBOLD AVE ORLANDO FL 32808	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAYHOFF, COLLEEN 3451 WILLIS DR. TITUSVILLE FL 32796 Address change	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRECUZ, MARY 940 GRANT RD TITUSVILLE FL 32790 Delete	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPV ERIC H. Blosssey 4302 Seybold Ave ORLANDO, FL 32808	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dayhoff, Colleen 2190 Christine Dr. Titusville, FL 32796	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Colleen S. Dayhoff Colleen S. Dayhoff 04-22-01 321 385-9048

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)