

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90143 049 \*\*\*\*61.25

**DOCUMENT # N00000007447**

1. Entity Name

**CHILDREN'S MELANOMA AWARENESS FOUNDATION, INC.**

Principal Place of Business

**11819 LANCASHIRE DR  
TAMPA FL 33626**

Mailing Address

**11819 LANCASHIRE DR  
TAMPA FL 33626**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**31-1744635**

Applied For

Not Applicable

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

**SCHMIDT, DEBRA**

**11819 LANCASHIRE DR  
TAMPA FL 33626**

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 *Debra Schmidt*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/17/01**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **DIRECTOR (PD) President**  
STREET ADDRESS **DEBRA SCHMIDT**  
CITY-ST-ZIP **11819 LANCASHIRE DR.  
TAMPA, FL 33626**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **SEC DIRECTOR (SD)**  
STREET ADDRESS **JESSICA KRAKER**  
CITY-ST-ZIP **11801 LANCASHIRE DR.  
TAMPA FL 33626**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **TREASURER (TP)**  
STREET ADDRESS **VICTORIA JUSTICE**  
CITY-ST-ZIP **11822 LANCASHIRE DR.  
TAMPA FL 33626**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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: *Debra Schmidt* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/17/01 813-855-8959**

Date

Daytime Phone #

CR2E037 (10/00)