

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90004 001 ****70.00

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1. Entity Name

**FLORIDA ASSOCIATION FOR CITIZEN REVIEW OF DEPEND
ENT CHILDREN, INC.**

Principal Place of Business

Mailing Address

**3050 BISCAYNE BLVD., #900
MIAMI FL 33137**

**3050 BISCAYNE BLVD., #900
MIAMI FL 33137**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1081637**
NOT APPLICABLE

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

**ATKINS, LAURA
3050 BISCAYNE BLVD., #900
MIAMI FL 33137**

Name **POZO, ANA MARIA**

Street Address (P.O. Box Number is Not Acceptable)
3050 BISCAYNE BLVD., #900

City **MIAMI**

FL

Zip Code
33137

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 *Ana Maria Pozo* **Ana Maria Pozo, President**

4/17/02

Signature, typed or printed name of registered agent and use 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☒ Delete
NAME **ATKINS, LAURA**
STREET ADDRESS **3050 BISCAYNE BLVD., #900**
CITY-ST-ZIP **MIAMI FL 33137**

TITLE **P / D** ☐ Change ☒ Addition
NAME **POZO, ANA MARIA**
STREET ADDRESS **3050 BISCAYNE BLVD., #900**
CITY-ST-ZIP **MIAMI FL 33137**

TITLE **DV** ☒ Delete
NAME **BAILEY, MARCIE B**
STREET ADDRESS **110 NW FIRST AVE.**
CITY-ST-ZIP **OCALA FL 34475**

TITLE **V / D** ☐ Change ☒ Addition
NAME **ANTHONY, KASHA**
STREET ADDRESS **110 NW FIRST AVE.**
CITY-ST-ZIP **OCALA FL 34475**

TITLE **DS** ☐ Delete
NAME **FISHER, VALERIE**
STREET ADDRESS **PO BOX 25400**
CITY-ST-ZIP **BRADENTON FL 34206**

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

TITLE **D** ☒ Delete
NAME **HALPNER, ELLEN**
STREET ADDRESS **205 N. DIXIE HWY., #2.2100**
CITY-ST-ZIP **W. PALM BEACH FL 33401**

TITLE **T / D** ☐ Change ☒ Addition
NAME **PITTMAN, JEANNE**
STREET ADDRESS **220 EAST BAY STREET, SUITE 601**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE **D** ☒ Delete
NAME **HARDY, SHIRLEY**
STREET ADDRESS **PO BOX 9000, DRAWER J102**
CITY-ST-ZIP **BARTOW FL 33831**

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

TITLE **D** ☒ Delete
NAME **LONERGAN, KATHLEEN**
STREET ADDRESS **20 N. MAIN ST.**
CITY-ST-ZIP **BROOKSVILLE FL 34601**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ana Maria Pozo **4/16/02** **305/573-6665**

CR2E037 (9/01)

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