

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Aug 09, 2001 08:00 AM**
Secretary of State**DOCUMENT # N00000008132****1. Entity Name**
TOGETHER FOR CHILDREN, INC.

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| Principal Place of Business 8305 SE 58TH AVE. OCALA FL 34480 | Mailing Address 8305 SE 58TH AVE. OCALA FL 34480 |
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| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country |
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| 4. FEI Number 59-3565606 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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DO NOT WRITE IN THIS SPACE

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| 6. Name and Address of Current Registered Agent ERSKIN CHERI L 8305 SE 58TH AVE. OCALA FL 34480 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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.

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| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) | 08/09/2001 DATE |
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| FILE NOW: FEE IS \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$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 NAME STREET ADDRESS CITY-ST-ZIP | TD ERSKIN JESSE 8305 SE 58TH AVE. OCALA FL 34480 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD ERSKIN GREGORY L 8305 SE 58TH AVE. OCALA FL 34480 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ERSKIN CHERI L 8305 SE 58TH AVE. OCALA FL 34480 <input type="checkbox"/> Delete | 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"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | 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)(f), 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.

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| SIGNATURE: GREGORY ERSKIN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | SD | 08/09/2001 Date | Fla-time Phone # |
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CR2E037 (11/00)