

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00374

1. Entity Name

KIDS INTERNATIONAL DONORS SOCIETY (K.I.D.S.), IN

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90048 010 \*\*\*\*61.25

Principal Place of Business

Mailing Address

217 CARIBBEAN RD

217 CARIBBEAN ROAD

\*\*\*\*\*

PALM BEACH FL 33480-3009

PALM BEACH FL 33480

US

US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2358942

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

NIXON, GRIFFIS  
217 CARIBBEAN ROAD  
PALM BEACH FL 33480

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DT ☐ Delete  
NAME ZULLO, KATHRYN  
STREET ADDRESS 17 BERWICK RD.  
CITY-ST-ZIP PALM BCH GARDENS FL

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

TITLE PD ☐ Delete  
NAME GRIFFIS, NICK  
STREET ADDRESS 217 CARIBBEAN ROAD  
CITY-ST-ZIP PALM BEACH FL

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

TITLE D ☐ Delete  
NAME HAGLUND, DAVE  
STREET ADDRESS 1601 GEORGIA AVENUE  
CITY-ST-ZIP W. PALM BEACH FL

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

TITLE DS ☐ Delete  
NAME ZULLO, ALLAN  
STREET ADDRESS 17 BERWICK RD.  
CITY-ST-ZIP PALM BCH GARDENS FL

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

TITLE D ☐ Delete  
NAME MORTON, NACY  
STREET ADDRESS 7373 E. IOWA  
CITY-ST-ZIP DENVER CO 80231

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:

*NIXON S. GRIFFIS*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-2000 561 892 9967

CR2E037 (9/99)