

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00752

1. Entity Name

MISSING CHILDREN CENTER, INC.

Principal Place of Business

276 EAST HWY 434
WINTER SPRINGS FL 32708-9504
US

Mailing Address

276 E HWY 434
WINTER SPRINGS FL 32708-9504
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

THOMPSON, JOAN
276 E HWY 434
WINTER SPRINGS FL 32708

7. Name and Address of New Registered Agent

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

TITLE	D	<input type="checkbox"/> Delete
NAME	RIVERA, LINDA	
STREET ADDRESS	117 N. ALDERWOOD ST.	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	MCGILL, CHRISTINE	
STREET ADDRESS	16246 BEARLE RD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	O'NEAL, JAN	
STREET ADDRESS	290 W FERN	
CITY-ST-ZIP	ORANGE CITY FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	CLARK, VICKI	
STREET ADDRESS	332 E MAINE AVE	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	JONAS, DON	
STREET ADDRESS	1931 SENECA BLVD	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	DEVP	<input type="checkbox"/> Delete
NAME	LENSE, BARBARA	
STREET ADDRESS	633 SABAL LAKE DR #103	
CITY-ST-ZIP	LONGWOOD FL 32779	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DF	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wills, Judy	
STREET ADDRESS	2240 Two Sisters Ferry Road	
CITY-ST-ZIP	Estill, SC 29918	
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Becker, Barbara	
STREET ADDRESS	818 Dundee Drive	
CITY-ST-ZIP	Winter Springs, FL 32708	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1554 Gayle Ridge Drive	
CITY-ST-ZIP	Apopka, FL 32703	

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: Barbara K. Lense Barbara K. Lense 4/24/01 407-862-1554

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90098 038 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)