

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91135 032 ****61.25

DOCUMENT # N00752

1. Entity Name

MISSING CHILDREN CENTER, INC.

Principal Place of Business

Mailing Address

**276 EAST HWY 434
WINTER SPRINGS FL 32708-9504
US**

**276 E HWY 434
WINTER SPRINGS FL 32708-9504
US**

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

59-2456832

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THOMPSON, JOAN
276 E HWY 434
WINTER SPRINGS FL 32708**

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 **D** ☐ Delete
NAME **RIVERA, LINDA**
STREET ADDRESS **117 N. ALDERWOOD ST.**
CITY-ST-ZIP **WINTER SPRINGS FL**

TITLE **DS** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DP** ☐ Delete
NAME **WILLIS, JUDY**
STREET ADDRESS **2240 TWO SISTER FERRY RD**
CITY-ST-ZIP **ESTILL SC 29918**

TITLE ☒ Change ☐ Addition
NAME **WILLS**
STREET ADDRESS
CITY-ST-ZIP

TITLE **DT** ☒ Delete
NAME **BECKER, BARBARA**
STREET ADDRESS **818 DUNDEE DR**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE ☐ Change ☒ Addition
NAME **DEV**
NAME **KRAKOSKY, TOM**
STREET ADDRESS **400 ALEXANDRIA BLVD.**
CITY-ST-ZIP **OVIEDO, FL 32765**

TITLE **DS** ☒ Delete
NAME **CLARK, VICKI**
STREET ADDRESS **332 E MAINE AVE**
CITY-ST-ZIP **LONGWOOD FL**

TITLE ☐ Change ☒ Addition
NAME **DVT**
NAME **FLANNIGAN, JIM**
STREET ADDRESS **300 N. MOSS ROAD**
CITY-ST-ZIP **WINTER SPRINGS, FL 32708**

TITLE **DV** ☒ Delete
NAME **JONAS, DON**
STREET ADDRESS **1931 SENECA BLVD**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

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

TITLE **DEV** ☒ Delete
NAME **LENSE, BARBARA**
STREET ADDRESS **1554 GAYLE RIDGE DR**
CITY-ST-ZIP **APOPKA FL 32703**

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-11-02 407-321-7554

CR2E037 (9/01)