

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N01000004801**

1. Entity Name

**KIDS WHO CARE, INC.**

Principal Place of Business

Mailing Address

**9908 S.E. CANARY PALM WAY  
TEQUESTA, FL 33469**

2. Principal Place of Business

**9908 S.E. CANARY PALM WAY**

3. Mailing Address

**Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**TEQUESTA FL**

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

**33469**

Country

**USA**

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

**DONALD GOLDEN, ESQ  
11755 SW 62ND AVE  
MIAMI, FL 33156**

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 \$81.25**

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

☐ Delete

TITLE

**DIRECTOR**

NAME

**KARSTEN LEHMAN**

STREET ADDRESS

**9908 S.E. CANARY PALM WAY**

CITY-ST-ZIP

**TEQUESTA, FL 33469**

☐ Delete

TITLE

**DIRECTOR**

NAME

**MARY LEHMAN**

STREET ADDRESS

**9908 S.E. CANARY PALM WAY**

CITY-ST-ZIP

**TEQUESTA, FL 33469**

☐ Delete

TITLE

**DIRECTOR**

NAME

**THOMAS LEHMAN**

STREET ADDRESS

**9908 S.E. CANARY PALM WAY**

CITY-ST-ZIP

**TEQUESTA, FL 33469**

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

**78**

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: **Mary Lehman**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARY LEHMAN**

**8-7-01**

Date

**561-743-0200**

Daytime Phone #

CR2E037 (11/00)

FILED

01 SEP 12 PM 2:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**80063018**

DO NOT WRITE IN THIS SPACE

08-31-2001 90235 033 \*\*\*\*61.25  
N01000004801