

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91755 015 ****61.25

DOCUMENT # N01000006889

1. Entity Name

Kids Voting Central Florida Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7380 SAND LAKE RD.
Ste. 500 #5003

3. Mailing Address

same -
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORLANDO, FLA.

City & State

Zip

32819

Country

U.S.

Zip

Country

4. FFI Number

#59-3748710

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Silvia S. Ibanez, Esq.

Street Address (P.O. Box Number is Not Acceptable)

7380 SAND LAKE RD - Ste 500

City

ORLANDO, FL.

Zip Code

32819

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity certifies 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

REGD. Registered Agent signature (typed or printed name)

DATE

9. Has the Corporation Received

First Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

Sec + Dir.

NAME

Fran JAMES

STREET ADDRESS

4647 RIVERTON DR, ORLANDO,
FL 32817

CITY-STATE-ZIP

TITLE

V-P + Dir

NAME

Shirley JAMES

STREET ADDRESS

400 So. Orange Ave.
ORLANDO, FLA, 32808

CITY-STATE-ZIP

TITLE

Treas + Dir.

NAME

JANIE Phelps

STREET ADDRESS

5167 FAY ANN ST - ORLANDO
FL 32812

CITY-STATE-ZIP

TITLE

Pres + Dir

NAME

SILVIA IBANEZ

STREET ADDRESS

14400 OKONIS CT.
ORLANDO, FL 32837

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 (07316), 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 I were 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 on an attached document in accordance with all city, state or federal laws.

Silvia S. Ibanez - Silvia Ibanez,
Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

407-
856-9449

CR2E037B (12/01)