

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2000 8:00 am**  
**Secretary of State**

04-14-2000 90104 021 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

**DOCUMENT # N11043**

1. Entity Name

**HIBISCUS CHILDREN'S CENTER, INC.**

Principal Place of Business

Mailing Address

891 JENSEN BEACH BLVD.  
 JENSEN BEACH FL 34957  
 US

P.O. BOX 305  
 JENSEN BEACH FL 34958-0305

2. Principal Place of Business

3. Mailing Address

2400 NE Old Dixie Hwy  
 Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Jensen Beach, FL**

City & State

4. FEI Number  
**59-2632361**

Applied For  
 Not Applicable

Zip  
**34957**

Country  
**US**

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

**BOROWICZ, JILL M**  
**1849 NE VICTORIAN LANE**  
**JENSEN BEACH FL 34957**

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 *Jill Borowicz*  
 Signature, typed or printed name of registered agent and title if applicable

**Jill M. Borowicz**  
**Executive Director**

**4/7/00**  
 DATE

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  **\$5.00** May Be Added to Fees  
 Trust Fund Contribution.

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	Delete
NAME	LEHACH, GEORGE	
STREET ADDRESS	2201 SE KINGSWOOD TERR	
CITY-ST-ZIP	STUART FL 34996	
TITLE	D	Delete
NAME	HARRELL, GAYLE	
STREET ADDRESS	1885 NE EAGLE POINT	
CITY-ST-ZIP	STUART FL 34994	
TITLE	SD	Delete
NAME	RICHEBOURG, MARGARET	
STREET ADDRESS	3 TIMOR ST	
CITY-ST-ZIP	STUART FL 34996	
TITLE	TD	Delete
NAME	ROEGIERS, STEPHEN	
STREET ADDRESS	250 PELICAN DR	
CITY-ST-ZIP	STUART FL 34996	
TITLE	CD	Delete
NAME	TILTON, LAVAUGHN	
STREET ADDRESS	3462 SE COURT DRIVE	
CITY-ST-ZIP	STUART FL 34997	
TITLE	S	Delete
NAME	WOLFE, JUDIE	
STREET ADDRESS	12410 HARBOUR RIDGE BLVD	
CITY-ST-ZIP	PALM CITY FL 34990	

TITLE	D	Change	Addition
NAME	Lehach, George		
STREET ADDRESS	2201 SE Kingswood Terr		
CITY-ST-ZIP	Stuart, FL 34996		
TITLE	T/D	Change	Addition
NAME	Strickland, Steven M.		
STREET ADDRESS	Stuart, FL 34994		
CITY-ST-ZIP	989 S. Federal Hwy		
TITLE	S/D	Change	Addition
NAME	Woods, Sarah W.		
STREET ADDRESS	32 Castle Hill Way		
CITY-ST-ZIP	Stuart, FL 34996		
TITLE	V/D	Change	Addition
NAME	Roegiers, Stephen		
STREET ADDRESS	250 Pelican Dr		
CITY-ST-ZIP	Stuart, FL 34996		
TITLE	P/D	Change	Addition
NAME	Olsson, Charles A.		
STREET ADDRESS	5640 SW Orchid Bay Dr		
CITY-ST-ZIP	Palm City, FL 34990		

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 another like empowered.

SIGNATURE: *Steven M. Strickland* TREASURER  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 DATE: **4/10/2000**  
 DAYTIME PHONE #: **561-286-6154**

CR2E037 (9/99)