

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**  
 03-01-2000 90050 047 \*\*\*\*61.25

**DOCUMENT # N13054**

1. Entity Name  
**SPEAKING UP FOR CHILDREN, INC.**

Principal Place of Business <b>35246 US 19 NORTH                  SUITE 157                  PALM HARBOR FL 34684                  US</b>	Mailing Address <b>35246 US 19 NORTH                  SUITE 157                  PALM HARBOR FL 34684-1931                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>35246 US 19 North                  Suite, Apt. #, etc.                  #157                  City &amp; State                  Palm Harbor, FL                  Zip                  34684                  Country                  US</b>	3. Mailing Address <b>35246 US 19 North                  Suite, Apt. #, etc.                  #157                  City &amp; State                  Palm Harbor, FL                  Zip                  34684                  Country                  US</b>
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4. FEI Number <b>59-2762454</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**GRAY, MARY S  
 4960 44TH AVE, N  
 ST PETERSBURG FL 33709**

7. Name and Address of New Registered Agent  
 Name **Pam Bosman**  
 Street Address (P.O. Box Number is Not Acceptable)  
**391 whispering Lakes Blvd**  
 City **Tarpon Springs** **FL** Zip Code **34689**

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 **Pam Bosman** **Treasurer** **1/24/00**  
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GRAY, MARY 4965 44TH AVE. NO. ST. PETERSBURG FL 33709</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT APRIL Hutton 1221 16th AVE N St. Petersburg, FL 33704</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T BOSMAN, PAM 391 WHISPERING LAKES BLVD TARPON SPRINGS FL 34689</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP SHEARED, RHONDA M 1908 BUGLE LANE CLEARWATER FL 34624</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary Gale Young 118 Lake Hobbs Rd Lutz, FL 33549</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BRUNSCIK, JOANN 5277 24TH TERR. NO. ST. PETERSBURG FL 33710</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GOWAN, BRENDA 1747 MORROW ROAD TARPON SPRINGS FL 34689</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director Meredith Craig 501 1st Ave N St. Petersburg, FL 33701</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P GOWAN, MIKE 1747 MORROW ROAD TARPON SPRINGS FL 34689</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Pam Bosman** **1/24/00** **727-939-2255**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)