

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N13054

1. Entity Name

SPEAKING UP FOR CHILDREN, INC.

**FILED**  
Feb 15, 2001 8:00 am  
Secretary of State

02-15-2001 90087 011 \*\*\*\*61.25

0000956

Principal Place of Business

Mailing Address

35246 US 19 NORTH  
SUITE 157  
PALM HARBOR FL 34684  
US

35246 US 19 NORTH  
SUITE 157  
PALM HARBOR FL 34684  
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

59-2762454

Applied For

Not Applicable

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

BOSMAN, PAM  
391 WHISPERING LKS BLVD  
TARPON SPRINGS FL 34689

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/10/01

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 VP  
NAME HUTTON, APRIL  
STREET ADDRESS 1221 -16TH AVE N  
CITY-ST-ZIP ST. PETERSBURG FL 33709 ☐ Delete

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

TITLE T  
NAME BOSMAN, PAM  
STREET ADDRESS 391 WHISPERING LAKES BLVD  
CITY-ST-ZIP TARPON SPRINGS FL 34689 ☐ Delete

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

TITLE S  
NAME YOUNG, GALE  
STREET ADDRESS 118 LAKE HOBBS RD  
CITY-ST-ZIP LUTZ FL 33549 ☒ Delete

TITLE Secretary  
NAME Kathy Wilder  
STREET ADDRESS 1800 McCauley Rd  
CITY-ST-ZIP Clearwater, FL 33765 ☒ Change ☒ Addition

TITLE P  
NAME BRUNSCIK, JOANN  
STREET ADDRESS 5277 24TH TERR. NO.  
CITY-ST-ZIP ST. PETERSBURG FL 33710 ☒ Delete

TITLE Director  
NAME Gina Passarelli  
STREET ADDRESS 467 Carson Lane  
CITY-ST-ZIP Palm Harbor, FL 34684 ☐ Change ☒ Addition

TITLE D  
NAME CRAIG, MEREDITH  
STREET ADDRESS 501 FIRST AVE N  
CITY-ST-ZIP SAINT PETERSBURG FL 33701 ☒ Delete

TITLE Director  
NAME Brenda Gowan  
STREET ADDRESS 1747 Morrow Rd  
CITY-ST-ZIP Tarpon Springs, FL 34689 ☐ Change ☒ Addition

TITLE D  
NAME GOWAN, MIKE  
STREET ADDRESS 1747 MORROW ROAD  
CITY-ST-ZIP TARPON SPRINGS FL 34689 ☐ Delete

TITLE President  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/01

Date

727-939-2255

Daytime Phone #

CR2E037 (10/00)