

2000 UNIFORM BUSINESS REPORT (UBR)

0043189

DOCUMENT # N16136

1. Entity Name

THE WJNO CHILDREN'S FUND INC.

Principal Place of Business

2406 S CONGRESS AVE
WEST PALM BEACH FL 33406
US

Mailing Address

2406 S CONGRESS AVE
WEST PALM BEACH FL 33406-7610
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

65-0073283

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

HILLIARD, JAMES W
2406 S CONGRESS AVE
WEST PALM BEACH FL 33406

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 \$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 DP
NAME HILLIARD, JAMES W
STREET ADDRESS 2406 S CONGRESS AVE
CITY-ST-ZIP WEST PALM BEACH FL 33406 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000003247580--8
CITY-ST-ZIP -05/11/00--01013--007

TITLE D
NAME HAYES, TAMMY
STREET ADDRESS 2406 S CONGRESS
CITY-ST-ZIP WEST PALM BEACH FL 33406 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS ***1061.25 ☐ Change ☐ Addition
CITY-ST-ZIP

TITLE DT
NAME HINDES, RICHARD
STREET ADDRESS 2406 S CONGRESS AVE
CITY-ST-ZIP WEST PALM BEACH FL 33406 ☐ Delete

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

TITLE ☐ Delete
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CITY-ST-ZIP

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

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:

James W. Hilliard

3/31/2000

(561) 432-5100

SP

FILED
00 APR 26 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE