

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N17145

1. Entity Name

THIRD JUDICIAL CIRCUIT CHILDREN'S ADVOCACY CORPO

Principal Place of Business

P.O. BOX 3008
LAKE CITY FL 32056

Mailing Address

P.O. BOX 3008
LAKE CITY FL 32056

2. Principal Place of Business

609 5th St. Suite 6
Suite, Apt. #, etc.

3. Mailing Address

609 5th St.
Suite, Apt. #, etc.
Suite 6

City & State

Live Oak FL

City & State

Live Oak FL

Zip

32064

Country

USA

Zip

32064

Country

USA

4. FEI Number

59-2864415

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KINSEY, DEBRA E
145 N. HERNANDO ST. BASEMENT LVL
COLUMBIA COUNTY COURTHOUSE
LAKE CITY FL 32055

7. Name and Address of New Registered Agent

Name

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

609 5th St. Suite 6
City Live Oak FL Zip Code 32064

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

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

Debra E Kinsey
(NOTE: Registered Agent signature required when reinstating)

4-15-02

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

TITLE TD
NAME GILL, PAUL ☐ Delete
STREET ADDRESS 880 EAST BAYA AVENUE
CITY-ST-ZIP LAKE CITY FL 32055

TITLE ED
NAME KINSEY, DEBRA E ☐ Delete
STREET ADDRESS P O BOX 3008 NA
CITY-ST-ZIP LAKE CITY FL

TITLE PD
NAME VIELE, MARGARET ☐ Delete
STREET ADDRESS P O BOX 1600
CITY-ST-ZIP CROSS CITY FL 32628

TITLE ~~SUSAN McQUADE~~ ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☒ Addition
NAME SUSAN McQUADE v/d
STREET ADDRESS 609 5th St. Suite 6
CITY-ST-ZIP Live Oak, FL 32064

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

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Debra E Kinsey
Debra E Kinsey

362-2242
4-15-02

FILED
Jun 10, 2002 8:00 am
Secretary of State

02-20-2002 90128 016 ****61.25



DO NOT WRITE IN THIS SPACE