

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**  
 02-29-2000 90151 010 \*\*\*\*61.25

**DOCUMENT # N22436**

1. Entity Name

**A CHILD'S PLACE, INC.**

Principal Place of Business

Mailing Address

142 FAIRVIEW AVENUE  
 BEACH FL 32114

142 FAIRVIEW AVENUE  
 DAYTONA BEACH FL 32114-2104

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**NOT APPLICABLE**

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

**MOORE, CHARLES T**  
**2111 S RIDGEWOOD AVE**  
**SOUTH DAYTONA FL 32119**

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:**  
**FEES ARE \$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	P	<input checked="" type="checkbox"/> Delete
NAME	HITSON, JAMES	
STREET ADDRESS	929 WELLS DRIVE	
CITY-ST-ZIP	SOUTH DAYTONA FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WHITAKER, JAMES	
STREET ADDRESS	236 BOB WHITE CT.	
CITY-ST-ZIP	DAYTONA BEACH FL 32119	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EDSON, BETTY ANN	
STREET ADDRESS	88 LORILARD PLACE	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	JACKSON, MARY ANNE	
STREET ADDRESS	925 N GRNADVIEW AVENUEE	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CITEK, JANE	
STREET ADDRESS	2029 S PENISULA DRIVE	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	POWERS, DIANE E	
STREET ADDRESS	174 MARVIN RD	
CITY-ST-ZIP	ORMOND BEACH FL 32176	

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAYNELLE POSEY	
STREET ADDRESS	100 HOLLOW BRANCH CROSSING	
CITY-ST-ZIP	ORMOND BEACH, FL. 32174	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JIM PAGE	
STREET ADDRESS	50 N. ST. ANDREWS DR.	
CITY-ST-ZIP	ORMOND BEACH, FL. 32174	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEORNA MOORE	
STREET ADDRESS	170 LINDENWOOD CIRCLE W.	
CITY-ST-ZIP	ORMOND BEACH, FL. 32174	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES HITSON	
STREET ADDRESS	929 WELLS DRIVE	
CITY-ST-ZIP	SOUTH DAYTONA, FL. 32119	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:** *Diane E. Powers* **SIGNATURE REQUIRED** **DIANE E. POWERS**

1/16/00

(904) 258-7611

Date

Daytime Phone #

CR2E037 (9/99)