

2000 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
May 11, 2000 8:00 am
Secretary of State

03-30-2000 90029 038 ****61.25

DOCUMENT # N29417

1. Entity Name

CHILD ADVOCATES II OF TALLAHASSEE, INC.

Principal Place of Business

Mailing Address

P.O. BOX 3992
 TALLAHASSEE FL 32315
 US

P.O. BOX 3992
 TALLAHASSEE FL 32315-3992
 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

59-2928659

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~EMILY GRIMM~~
~~648 E COLLEGE AVE~~
~~TALLAHASSEE FL 32301~~

Name **Debbie O'Reilly**
 Street Address (P.O. Box Number is Not Acceptable)
332 WINNSTEAD CT
 City **Tallahassee FL** Zip Code **32312**

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 *Debbie O'Reilly*
 Signature, typed or printed name of registered agent and title if applicable

Debbie O'REILLY

3-25-00

(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 **SD** Delete
 NAME **WERNER, ANNIE**
 STREET ADDRESS ~~3532 OAK HILL TR~~ **1101 Washington Ct. #3**
 CITY-ST-ZIP **Tallahassee FL 32312 32303**

TITLE **1st U.P., D** Change Addition
 NAME
 STREET ADDRESS **1101 WASHINGTON CT #3**
 CITY-ST-ZIP **Tallahassee, FL 32303**

TITLE **RD** Delete
 NAME ~~GRIMM, EMILY~~
 STREET ADDRESS **648 E COLLEGE AVE**
 CITY-ST-ZIP **Tallahassee FL 32301**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **O'REILLY, DEBBIE**
 STREET ADDRESS **332 WINNSTEAD CT**
 CITY-ST-ZIP **Tallahassee FL 32312**

TITLE **PD** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **O'REILLY, JOHN**
 STREET ADDRESS **332 WINNSTEAD CT**
 CITY-ST-ZIP **Tallahassee FL 32312**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **Britta Sevin**
 STREET ADDRESS **1358 B OCALA RD**
 CITY-ST-ZIP **Tallahassee, FL 32304**

TITLE Change Addition
 NAME **Secretary, D**
 STREET ADDRESS **BRITTA SEVIN**
 CITY-ST-ZIP **1358 B OCALA RD**
Tallahassee, FLA 32304

TITLE Delete
 NAME **JOANNE RICHMOND**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **2nd Vice P.D**
 STREET ADDRESS **JOANNE RICHMOND**
 CITY-ST-ZIP **4122 SUGAR BIRD DR**
Tallahassee, FLN 32311

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: *John O'Reilly* **REQUIRED** **John O'REILLY** Director **3-25-00** **850-656-4663**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)