

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N30225

1. Entity Name

FLORIDA BABIES, INC.

FILED
Aug 30, 2000 8:00 am
Secretary of State

08-30-2000 90004 009 ****61.25

Principal Place of Business

1310 CROSS CREEK CIRCLE
SUITE A
TALLAHASSEE FL 32301
US

Mailing Address

1310 CROSS CREEK CIRCLE
SUITE A
TALLAHASSEE FL 32308-2285
US

2. Principal Place of Business

4500 W. Shannon Lakes

3. Mailing Address

4500 W. Shannon Lakes

Suite, Apt. #, etc.

Unit 1, #198

Suite, Apt. #, etc.

Unit 1, #198

City & State

Tallahassee, FL

City & State

Tallahassee FL

Zip

32308

Country

USA

Zip

32308

Country

USA

6. Name and Address of Current Registered Agent

MORTON, KAYCE

1310 CROSS CREEK CIRCLE
SUITE A
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name Linda Contreras

Street Address P.O. Box Number is Not Acceptable
4037 DEVILIN CT

City Tallahassee

FL

Zip Code 32308

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

Linda K. Contreras

8-28-00

Signature, typed or printed name of registered agent and file 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

TITLE T ☐ Delete
NAME POWERS, KATIE
STREET ADDRESS 108 25TH STREET WEST
CITY-ST-ZIP BRADENTON FL 34205

TITLE T ☒ Delete
NAME COHN, CATHY
STREET ADDRESS 211 S FEDERAL HWY #15
CITY-ST-ZIP BOYNTON BCH FL 33435

TITLE T ☐ Delete
NAME NORTON-DAVIS, SUZANNE
STREET ADDRESS 6321 DRAKE ST
CITY-ST-ZIP PAL BEACH GARDENS FL 33418

TITLE D ☒ Delete
NAME MORTON, KAYCE
STREET ADDRESS 1310 CROSS CREEK CIRCLE, SUITE A
CITY-ST-ZIP TALLAHASSEE FL 32301

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
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Contreras, Linda
STREET ADDRESS 4037 DEVILIN CT
CITY-ST-ZIP Tallahassee, FL 32308

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:

Linda K. Contreras

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-28-00 850-245-4465

Date

Daytime Phone #

CR2E037 (9/99)