

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2001 8:00 am
Secretary of State

07-19-2001 90004 030 ****70.00

DOCUMENT # N38629

1. Entity Name

KID-NEEDS, INC.

Principal Place of Business

Mailing Address

**7723 SW 13TH ROAD
 GAINESVILLE FL 32607**

**7723 SW 13TH ROAD
 GAINESVILLE FL 32607**

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

59-3125933

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

**LOGAN, VERONICA C
 7723 SW 13TH ROAD
 GAINESVILLE FL 32607**

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

TITLE PD
 NAME LOGAN, VERONICA C ☐ Delete
 STREET ADDRESS 7723 SW 13TH RD.
 CITY-ST-ZIP GAINESVILLE FL 32607

TITLE VD
 NAME LOGAN, GARY G ☐ Delete
 STREET ADDRESS 7723 SW 13TH RD.
 CITY-ST-ZIP GAINESVILLE FL 32607

TITLE STD
 NAME LOGAN, NATHANIEL S ☐ Delete
 STREET ADDRESS 7723 SW 13TH RD.
 CITY-ST-ZIP GAINESVILLE FL 32607

TITLE T
 NAME LOGAN, TAMARA ANNE ☐ Delete
 STREET ADDRESS 7723 SW 13TH RD.
 CITY-ST-ZIP GAINESVILLE FL 32607

TITLE T
 NAME CRAWFORD, MATTIE ☐ Delete
 STREET ADDRESS 13208 SW CR 346
 CITY-ST-ZIP ARCHER FL 32618

TITLE T
 NAME RIVERS, ROSE R RN PHD ☐ Delete
 STREET ADDRESS 1600 SW ARCHER RD
 CITY-ST-ZIP GAINESVILLE FL 32610-0335

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

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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

SIGNATURE

4/27/01 352 332-7089

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CR2E037 (10/00)