

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N93000002079**

1. Entity Name

**CHILDREN FIRST - CENTRAL FLORIDA, INC.****FILED****Mar 12, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90429 004 \*\*\*\*61.25

Principal Place of Business

**1101 N. LAKE DESTINY RD.  
SUITE 225  
MAITLAND FL 32751**

Mailing Address

**1101 N. LAKE DESTINY RD.  
SUITE 225  
MAITLAND FL 32751**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3169821**

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

**NOGA, GEORGE  
1101 N. LAKE DESTINY ROAD  
SUITE 225  
MAITLAND FL 32751**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **C** ☐ Delete  
NAME **NOGA, GEORGE**  
STREET ADDRESS **1101 N LAKE DESTINY RD., STE 225**  
CITY-ST-ZIP **MAITLAND FL 32751**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **DOUDNEY, DOUGLAS**  
STREET ADDRESS **1443 BUCKWOOD DR**  
CITY-ST-ZIP **ORLANDO FL 32806**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **LAHEY, JOHN**  
STREET ADDRESS **150 N WESTMONTE DR**  
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **C** ☒ Delete  
NAME **MITCHELL, JOHN C**  
STREET ADDRESS **2699 LEE RD, STE 405**  
CITY-ST-ZIP **ORLANDO FL 32789**TITLE **C** ☐ Change ☒ Addition  
NAME **LONG, DEON**  
STREET ADDRESS **390 N. ORANGE AVE, STE. 2180**  
CITY-ST-ZIP **ORLANDO, FL 32801**TITLE **D** ☐ Delete  
NAME **MILLER, WILLIAM**  
STREET ADDRESS **114 LIVE OAK BLVD**  
CITY-ST-ZIP **CASSELBERRY FL 32718-0899**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **SANDERLIN, FRANK**  
STREET ADDRESS **1051 WINDERLY PL., STE 100**  
CITY-ST-ZIP **MAITLAND FL 32751**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 AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)