

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90025 021 ****61.25

DOCUMENT # N93000002079

1. Entity Name

CHILDREN FIRST - CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

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

**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 & State

City & State

4. FEI Number

59-3169821

Applied For

Not Applicable

Zip

Country

Zip

Country

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-ZIP

TITLE **D** ☒ Delete
 NAME **DOUDNEY, DOUGLAS**
 STREET ADDRESS **1443 BUCKWOOD DR**
 CITY-ST-ZIP **ORLANDO FL 32808**

TITLE **D** ☐ Change ☒ Addition
 NAME **Christine Moore**
 STREET ADDRESS **2145 Palm Crest Rd.**
 CITY-ST-ZIP **Apopka, FL 32712**

TITLE **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-ZIP

TITLE **C** ☐ Delete
 NAME **LONG, DEON**
 STREET ADDRESS **390 N ORANGE AVE STE 2180**
 CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **C** ☒ Change ☐ Addition
 NAME **O. Deon Long**
 STREET ADDRESS **400 Park Avenue South, Ste.150**
 CITY-ST-ZIP **Winter Park, FL 32789**

TITLE **D** ☒ Delete
 NAME **MILLER, WILLIAM**
 STREET ADDRESS **114 LIVE OAK BLVD**
 CITY-ST-ZIP **CASSELBERRY FL 32718-0899**

TITLE **D** ☐ Change ☒ Addition
 NAME **John C. Mitchel, ESQ.**
 STREET ADDRESS **Mitchell & Associates, P.A.**
 CITY-ST-ZIP **2699 Lee Road, Suite 405
 Winter Park, FL 32789**

TITLE **D** ☒ Delete
 NAME **SANDERLIN, FRANK**
 STREET ADDRESS **1051 WINDERLY PL., STE 100**
 CITY-ST-ZIP **MAITLAND FL 32751**

TITLE **D** ☐ Change ☒ Addition
 NAME **Carol Cycmanick Makoul**
 STREET ADDRESS **c/o Sweetwater Episcopal Academy**
 CITY-ST-ZIP **215 E. Lake Brantley Drive
 Longwood, FL 32779**

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/03/02

407-875-0075

Date Daytime Phone #

CR2E037 (9/01)

0010592