

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005806

1. Entity Name

THE CHILDREN'S PLACE AT HOME SAFE, INC.

FOUNDATION, INC.

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90180 012 \*\*\*\*61.25

Principal Place of Business

2309 PONCE DE LEON AVENUE  
SUITE 1100  
WEST PALM BEACH FL 33407  
US

Mailing Address

2309 PONCE DE LEON BLVD.  
SUITE 1100  
WEST PALM BEACH FL 33407-6025  
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

65-0462950

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

JAMES, KEITH A ESQ.

~~5725 CORPORATE WAY~~

~~STE 108~~

WEST PALM BEACH FL ~~33407~~ 33401

222 Lakeview Ave.  
Suite

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 D ☒ Delete  
NAME LANDRY, MICHAEL  
STREET ADDRESS 211 S GORDON ROAD  
CITY-ST-ZIP FT LAUDERDALE FL 33301

TITLE James, Elaine D ☐ Change ☒ Addition  
NAME 1645 Palm Beach Lakes Blvd, Ste 1200  
STREET ADDRESS West Palm Beach FL 33401  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME PIERSON, GLORIA  
STREET ADDRESS 2220 S W 11TH PLACE  
CITY-ST-ZIP BOCA RATON FL 33486

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME MALFITANO, JAYNE  
STREET ADDRESS 2323 ARECA PALM ROAD  
CITY-ST-ZIP BOCA RATON FL 33432

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
NAME Rooney, Patrick  
STREET ADDRESS 222 Lakeview Ave, Ste 1400  
CITY-ST-ZIP West Palm Beach FL 33401

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Elaine Johnson James*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Elaine Johnson James*  
Date April 20, 2000

(561)  
471-3524  
Daytime Phone #

CR2E037 (9/99)