

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000492

1. Entity Name

OUR SMALL CHILDREN AT RISK FOUNDATION, INC.

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90097 027 ****70.00

Principal Place of Business	Mailing Address
24534 SR 44 SUITE 3 SORRENTO FL 32776 US	24534 SR 44 SUITE 3 SORRENTO FL 32776 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	Applied For
59-3211081	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BARRETT, ALICIA
23017 HWY 44 E
EUSTIS FL 32726

7. Name and Address of New Registered Agent

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 *Alicia Barrett* DATE

Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LAVENDER, CATHY	
STREET ADDRESS	1614 SOUTH BAY STREET	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	C	<input type="checkbox"/> Delete
NAME	BARRETT, ALICIA	
STREET ADDRESS	23017 SR 44	
CITY-ST-ZIP	EUSTIS FL 32736	
TITLE	CP	<input type="checkbox"/> Delete
NAME	BARRETT, ALICIA	
STREET ADDRESS	23017 SR 44	
CITY-ST-ZIP	EUSTIS FL 32736	
TITLE	DS	<input type="checkbox"/> Delete
NAME	COOK, MICHELE	
STREET ADDRESS	6368 COUNTY RD. 154 B	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE	D	<input type="checkbox"/> Delete
NAME	SINDLER, ROBERT	
STREET ADDRESS	31415 ST ANDREWS DRIVE	
CITY-ST-ZIP	SORRENTO FL 32776	
TITLE	D	<input type="checkbox"/> Delete
NAME	COOK, MICHELLE	
STREET ADDRESS	805 SOUTH MAIN STREET	
CITY-ST-ZIP	WILDWOOD FL 34785	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	MARTHA Uvalle	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P.O. Box 647	
STREET ADDRESS	SORRENTO FL 32776	
CITY-ST-ZIP		
TITLE	JENNIFER BARRETT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2115 Orange Ct	
STREET ADDRESS	MT Dora 32757	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Alicia Barrett* DATE Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)