

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90659 023 ****61.25

DOCUMENT # N94000003193

1. Entity Name

CHILDREN'S CHARITY FUND INC.

Principal Place of Business

Mailing Address

2011 BISHAM RD A-1
SARASOTA FL 34231

3412 CLARK ROAD
223
SARASOTA FL 34231
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

06-1321377

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

**BOWRON, KENNETH
3412 CLARK ROAD
223
SARASOTA FL 34231**

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]*

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 **PD** ☐ Delete
NAME **BOWRON, KENNETH**
STREET ADDRESS **3412 CLARK ROAD**
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **SD** ☐ Change ☒ Addition
NAME **JON STEFANIK**
STREET ADDRESS **2807 HOPE ST**
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **VPD** ☐ Delete
NAME **CLARK, GRI**
STREET ADDRESS **81 MONITOR STREET**
CITY-ST-ZIP **BROOKLYN NY 11222**

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

TITLE **TD** ☐ Delete
NAME **KOMINSKI, ANNMARIE**
STREET ADDRESS **504 E. 81ST STREET. APT. 1-J**
CITY-ST-ZIP **NEW YORK NY 10028**

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

TITLE **SD** ☒ Delete
NAME **KRAMER, SUSAN**
STREET ADDRESS **1617-A LAUREL LEAF LANE**
CITY-ST-ZIP **FORT PIERCE FL 34950**

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

TITLE **TD** ☒ Delete
NAME **SMITH, AMY**
STREET ADDRESS **4790 30TH PL. S.W.**
CITY-ST-ZIP **NAPLES FL 34116**

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/02 941-925-9689
Date Daytime Phone #

CR2E037 (9/01)