

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003416

1. Entity Name

CHILDBIRTH ENHANCEMENT FOUNDATION, INC.

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90011 019 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1004 GEORGE AVENUE  
ROCKLEDGE FL 32955  
US

1004 GEORGE AVENUE  
ROCKLEDGE FL 32955-3802



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3255534

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

BRADLEY, KATHY  
1004 GEORGE AVENUE  
ROCKLEDGE FL 32955

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 PD ☐ Delete  
NAME BRADLEY, KATHY  
STREET ADDRESS 1004 GEORGE AVENUE  
CITY-ST-ZIP ROCKLEDGE FL

TITLE ☐ Change ☒ Addition  
NAME **Yasmin Lewis**  
STREET ADDRESS **949 Riviera Dr. NE**  
CITY-ST-ZIP **Palm Bay, FL 32905**

TITLE STD ☐ Delete  
NAME BRADLEY, KEVIN J  
STREET ADDRESS 1004 GEORGE AVE.  
CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE ☐ Change ☒ Addition  
NAME **Susan Mattox**  
STREET ADDRESS **1363 Okaloosa Ave.**  
CITY-ST-ZIP **Orlando, FL 32822**

TITLE D ☒ Delete  
NAME JOSEPH, JENNIE  
STREET ADDRESS 32 E STORY RD  
CITY-ST-ZIP WINTER GARDEN FL 34787

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

TITLE D ☐ Delete  
NAME CHAMBERLIN, ROBIN  
STREET ADDRESS 224 SECOND ST  
CITY-ST-ZIP MERRITT ISLAND FL

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

TITLE D ☐ Delete  
NAME MC KINNEY, TRAMON  
STREET ADDRESS 985 S KIRKMAN RD., #16  
CITY-ST-ZIP ORLANDO FL 32811

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

TITLE D ☐ Delete  
NAME LIVINGSTON, CONNIE  
STREET ADDRESS 4924 AMBERWOOD DR.  
CITY-ST-ZIP DAYTON OH 45424-4606

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

CR2E037 (9/99)