

2001 ~~UNIFORM~~ BUSINESS REPORT (UBR)

DOCUMENT # N94000003416

1. Entity Name

CHILDBIRTH ENHANCEMENT FOUNDATION, INC.

Principal Place of Business

1004 GEORGE AVENUE
ROCKLEDGE FL 32955
US

Mailing Address

1004 GEORGE AVENUE
ROCKLEDGE FL 32955

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

59-3255534

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

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 D ☐ Change ☒ Addition
NAME Robyn Mattox
STREET ADDRESS 1353 Okaloosa Ave.
CITY-ST-ZIP Deland, FL 32802

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

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

TITLE D ☐ Delete
NAME YASMIN, LEWIS
STREET ADDRESS 949 RIVIERA DR NE
CITY-ST-ZIP PALM BAY FL 32905

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 #

4/14/01

321-631-9977

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90027 044 ****61.25