

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003488

1. Entity Name

CHILDREN'S RIGHTS COUNCIL OF FLORIDA, INC.

Principal Place of Business

355 SHORE DRIVE  
ELLENTON FL 34222

Mailing Address

355 SHORE DRIVE  
ELLENTON FL 34222

2. Principal Place of Business

5408 56th Commerce Ph Blvd  
Suite, Apt. #, etc.

3. Mailing Address

5408 56th Commerce Ph Blvd  
Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33610

Country

USA

City & State

Tampa, FL

Zip

33610

Country

USA

4. FEI Number

65-0473748

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KLINE, KRIS  
355 SHORE DRIVE  
ELLENTON FL 34222

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

502 S. Willow Ave. Unit 5

City

Tampa

FL

Zip Code

33606

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC KLINE, KRIS 355 SHORE DR. ELLENTON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BLASS, PIOTR DR 133 W TARA LAKES DR BOYNTON BCH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KLINE, STEPHEN 355 SHORE DR ELLENTON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD KLINE, KRIS 355 SHORE DR ELLENTON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	502 S. Willow Ave. Unit 5 Tampa, FL 33606	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	502 S. Willow Ave. Unit 5 Tampa, FL 33606	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	502 S. Willow Ave. Unit 5 Tampa, FL 33606	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

KRIS KLINE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01

Date

813-635-0633

Daytime Phone #

CR2E037 (10/00)

0074894

FILED  
May 01, 2001 8:00 am  
Secretary of State

05-01-2001 90009 021 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE