

# 2000-UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003995

1. Entity Name

ACT OF KINDNESS, INC. ✓

**FILED**  
**Jun 16, 2000 8:00 am**  
**Secretary of State**

06-16-2000 90112 013 \*\*\*\*61.25

Principal Place of Business

Mailing Address

312 S ST RD 7  
MARGATE FL 33068  
US

312 S ST RD 7  
MARGATE FL 33068-5703  
US

2. Principal Place of Business

3. Mailing Address

618 S St Rd 7

618 S. St Rd 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Margate FL

Margate FL

Zip 33068

Country USA

Zip 33068

Country USA

4. FEI Number

65-0607296

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

Name

HARRY WHITE

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

618 S. St. Rd 7

City

Margate

FL

Zip Code

33068

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 DONOVAN, PAM  
STREET ADDRESS 3042 PALM PLACE  
CITY-ST-ZIP MARGATE FL 33063

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

TITLE VPD ☐ Delete  
NAME WHITE, HARRY  
STREET ADDRESS 10301 NW 36 ST #6  
CITY-ST-ZIP CORAL SPRINGS FL

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

TITLE STD ☐ Delete  
NAME DONOVAN, CHARLES  
STREET ADDRESS 3042 PALM PLACE  
CITY-ST-ZIP MARGATE FL 33063

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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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:

*Pamela Donovan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)