

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N9500003995**

1. Entity Name

**Act of Kindness, Inc**

Principal Place of Business

**618 S St Rd 7  
Morgate Fl 33068**

Mailing Address

**3042 Palm Place  
Morgate Fl 33063**

2. Principal Place of Business

**618 S St Rd 7**

3. Mailing Address

**3042 Palm Place**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Morgate FL**

City & State  
**Morgate FL**

4. FEI Number

**65-0607296**

Applied For

Not Applicable

Zip  
**33068**

Country  
**Broward**

Zip  
**33063**

Country  
**Broward**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**Harry White  
10326 NW 36 St  
Coral Springs Fl 33071**

7. Name and Address of New Registered Agent

Name **Harry White**  
Street Address (P.O. Box Number is Not Acceptable)  
**10326 NW 36 St**  
City **Coral Springs** FL Zip Code **33071**

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 **Harry White Vice President** **10-30-01**  
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  
After September 12, 2001, min. will be \$236.25**

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	<b>Pres/Executive Director</b> <input type="checkbox"/> Delete <b>Pam Donovan</b> <b>3042 Palm Place</b> <b>Morgate Fl 33063</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <input type="checkbox"/> Delete <b>Harry White</b> <b>10326 NW 36 St</b> <b>Coral Springs Fl 33071</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <input type="checkbox"/> Delete <b>Kathy Lindner</b> <b>6321 SW 1st</b> <b>Morgate Fl 33068</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treas/Sec</b> <input type="checkbox"/> Delete <b>Charles Donovan</b> <b>3042 Palm Place</b> <b>Morgate Fl 33063</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <input type="checkbox"/> Delete <b>Steve Sweet</b> <b>1624 NW 36 Ct</b> <b>Ft. Laud. Fl 33321</b>
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 <b>900004712209-9</b> <b>-12/07/01--01003--018</b> <b>*****61.25 *****61.25</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Pam Donovan** **10-30-01** **954 270-3525**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 NOV - 5 PM 3:53

DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)

**AD**