

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004448

1. Entity Name

TOYS FOR ABUSED CHILDREN, INC.

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90009 035 \*\*\*\*61.25

Principal Place of Business

Mailing Address

12360 NORTH WEST 30TH PLACE  
SUNRISE FL 33323-1528

12360 NORTH WEST 30TH PLACE  
SUNRISE FL 33323-1528

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0618595

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

FLASKERUD, DIANNA G  
12360 NORTH WEST 30TH PLACE  
SUNRISE FL 33323-1528

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	D	<input type="checkbox"/> Delete
NAME	FLASKERUD, DIANNA G	
STREET ADDRESS	12360 NW 30 PLACE	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE	MD	<input type="checkbox"/> Delete
NAME	SOMERVILLE, LAURIE M	
STREET ADDRESS	12360 NW 30 PLACE	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE	NRD	<input type="checkbox"/> Delete
NAME	LAUGHLIN, WAYNE E	
STREET ADDRESS	212 SEARBROUGH LANE	
CITY-ST-ZIP	BOYNTON BCH FL 33423	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*DIANNA G FLASKERUD*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/17/00 954-925-8685

CF2E037 (9/99)