

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004448

1. Entity Name

TOYS FOR ABUSED CHILDREN, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90079 026 *****61.25

Principal Place of Business

12360 NORTH WEST 30TH PLACE
SUNRISE FL 33323-1528

Mailing Address

12360 NORTH WEST 30TH PLACE
SUNRISE FL 33323-1528

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Boynton Bch, FL

City & State

Boynton Bch, FL

4. FEI Number

65-0618595

Applied For

Not Applicable

Zip

33462

Country

Palm Bch

Zip

33462

Country

Palm Bch

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Wayne Laughlin

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

17 Meadows Park Lane

City

Boynton Bch, FL

FL

Zip Code

33462

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

Wayne E. Laughlin
Wayne E. Laughlin

(NOTE: Registered Agent signature required when reinstating)

DATE

4/6/01

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	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		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Laurie Somerville	
STREET ADDRESS	6161 NW 32 Way	
CITY-ST-ZIP	Ft Lauderdale, FL 33309	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Laughlin, Wayne	
STREET ADDRESS	17 Meadows Park Lane	
CITY-ST-ZIP	Boynton Beach, FL 33462	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

Wayne E. Laughlin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)