

2002 UNIFORM BUSINESS REPORT (UBR)

2/ **FILED**
Mar 12, 2002 8:00 am
Secretary of State

02-04-2002 90032 037 ***150.00

DOCUMENT # N95000004625

1. Entity Name
RAYMOND AND MARIA FLOYD CHILDREN'S CHARITIES, IN C.

Principal Place of Business: **231 ROYAL PALM WAY, BRICKELL AVENUE, BEACH FL 33480**
 Mailing Address: **231 ROYAL PALM WAY, 4221 BRICKELL AVENUE, PALM BAY FL 33480, US**

2. Principal Place of Business: **231 Royal Palm Way, Suite, Apt. #, etc. 120, Palm Beach, FL**
 3. Mailing Address: **231 Royal Palm Way, Suite, Apt. #, etc. 120, Palm Beach, FL**

4. FEI Number: **65-0615053** Applied For: Not Applicable:

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: **FLOYD, MARIA K, 231 ROYAL PALM WAY, PALM BEACH FL 33480**

7. Name and Address of New Registered Agent: **FLOYD, MARIA K, 231 ROYAL PALM WAY, PALM BEACH FL 33480**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

Make Check Payable to Department of State

FILE NOW: FEE IS \$61.25

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D	<input type="checkbox"/> Delete	TITLE: Non	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: FLOYD, RAYMOND L		NAME: 231 Royal Palm Way	
STREET ADDRESS: 231 ROYAL PALM WAY		STREET ADDRESS: Palm Beach, FL 33480	
CITY-ST-ZIP: PALM BEACH FL 33480		CITY-ST-ZIP: Palm Beach, FL 33480	
TITLE: D	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: FLOYD, MARIA K		NAME:	
STREET ADDRESS: 231 ROYAL PALM WAY		STREET ADDRESS:	
CITY-ST-ZIP: PALM BEACH FL 33480		CITY-ST-ZIP:	
TITLE: D	<input checked="" type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: LESNIK, JR GEORGE A		NAME:	
STREET ADDRESS: 231 ROYAL PALM WAY		STREET ADDRESS:	
CITY-ST-ZIP: PALM BEACH FL 33480		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		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)(f), 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: **[Signature]** 1-8-02
 SIGNATURE AND TYPED OR PRINTED NAME OF FORMING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)