

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 05, 2001 8:00 am
Secretary of State

07-05-2001 90005 009 ****70.00

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1. Entity Name

THE CHILDREN'S TABLE, INC.

(LA)

Principal Place of Business

Mailing Address

10451 NE 125 AVENUE
 BRONSON FL 32621

PO BOX 186
 ARCHER FL 32618

32621



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

BRONSON FL 32621
 Suite, Apt. #, etc.

P.O. Box 186
 Suite, Apt. #, etc.

10451 NE 125 Ave

Archer FL

City & State
 BRONSON FL

City & State
 ARCHER FL

Zip
 32621

Country

Zip
 32618

Country
 USA

4. FEI Number

NOT APPLICABLE

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

BROWN, WILLIAM A., SR.
 10451 NE 125 AVENUE
 BRONSON FL 32621

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

William A. Brown

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 P/D
 BROWN, WILLIAM A., SR.
 10451 NE 125 AVENUE
 BRONSON FL 32621 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Director/Vice president
 Lilly Roberts
 6530 SW STATE Rd 24
 Rosewood FL 32625 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VP
 WILLIAMS, ROBERT
 10451 NE 125 AVE
 BRONSON FL 32621 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Director
 Mark Williams
 P.O. Box 390 (I.O. 0990)
 Gainesville FL 32602-0390 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 S/D
 BROWN, VERA
 10451 NE 125 AVENUE
 BRONSON FL 32621 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Director
 Amy Couch
 8869 SW 141st Avenue
 Archer FL 32618 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 SD
 TWOMBLY, CHERYL
 10451 NE 125 AVE
 BRONSON FL 32621 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Secretary/Director
 Angela Fredricks
 Gainesville Fla. 32607 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Director
 Edith Brown
 P.O. Box 512
 Bronson Fla 32621 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Director
 Dr. Glen Butler
 Box 12886
 Gainesville Fla, 32604-0886 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Director
 Cliff Norris
 6050 NE 87 Terrace
 Bronson FL 32621 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Director
 Amy Ehren Reich
 4282 SW 21st Street Place Apt E
 Gainesville FL 32607 ☐ Change ☒ 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:

William A. Brown 06-95-01 352-1866595

CR2E037 (10/00)