

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005945

1. Entity Name

SERVOL CHILDREN, INC.

**FILED**  
**Jan 15, 2002 8:00 am**  
**Secretary of State**

01-15-2002 90074 048 \*\*\*\*61.25

Principal Place of Business

Mailing Address

7280 W. PALMETTO PARK ROAD  
SUITE 306N  
BOCA RATON FL 33433

7280 W. PALMETTO PARK ROAD  
SUITE 306N  
BOCA RATON FL 33433

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0724146

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



## 6. Name and Address of Current Registered Agent

SABGA, JOSEPH  
7280 W. PALMETTO PARK ROAD  
SUITE 306-N  
BOCA RATON FL 33433

## 7. Name and Address of New Registered Agent

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

TITLE **D** ☒ Delete  
NAME **DUGAN, EDWARD A**  
STREET ADDRESS **2501 HIGHWAY 286 WEST, SUITE A-13**  
CITY-ST-ZIP **CONWAY AR 72032**

TITLE **CPD** ☐ Delete  
NAME **PANTIN, GERARD SP.**  
STREET ADDRESS **C/O 7280 W. PALMETTO PARK ROAD, STE. 306**  
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **VD** ☐ Delete  
NAME **MONTRICHARD, RUTH SR.**  
STREET ADDRESS **C/O 7280 W. PALMETTO PARK ROAD, STE. 306 N**  
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **D** ☐ Delete  
NAME **SABGA, JOSEPH**  
STREET ADDRESS **7875 MANDARIN DRIVE**  
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Deletion requested since 2000.**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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:

**SIGNATURE REQUIRED** Joseph Sabga

01/08/2002

(561) 392-2777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)