

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000368

1. Entity Name

THE CHILDREN'S GUARDIAN FUND, INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90039 026 ****61.25

Principal Place of Business

Mailing Address

CHILDREN'S GUARDIAN FUND
2000 MAIN STREET RM 302
SARASOTA FL 34230

PO BOX 49722
SARASOTA FL 34230-6722

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0626074

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

FLANNERY, JOSEPH
1953 WHITE FEATHER LANE
NOKOMIS FL 34275

Name

MARGARETHA OLIVECROWA

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

2024 TANGLEWOOD DR.

SARASOTA

City

SARASOTA

FL

Zip Code

34239

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

M. Olivecrowa

1-28-2000

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 PD ☐ Delete

NAME HANEY, DOROTHY
STREET ADDRESS 3951 ROBERTS POINT DRIVE
CITY-ST-ZIP SARASOTA FL 34242

TITLE VPD ☒ Delete

NAME LENK, ANN
STREET ADDRESS 105 YACHT HARBOR DRIVE
CITY-ST-ZIP OSPREY FL 34229

TITLE S ☐ Delete

NAME HALL, ANN
STREET ADDRESS 1736 STARLING DR
CITY-ST-ZIP SARASOTA FL 34231

TITLE TD ☐ Delete

NAME FLANNERY, JOSEPH
STREET ADDRESS 1953 WHITE FEATHER LANE
CITY-ST-ZIP NOKOMIS FL 34275

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 DIRECTOR ☒ Change ☐ Addition

NAME HANEY, DOROTHY
STREET ADDRESS 3121 LAKE PARK LN.
CITY-ST-ZIP SARASOTA, FL 34231

TITLE VPD ☒ Change ☐ Addition

NAME GAIL JOHNSON
STREET ADDRESS 5909 RAVENWOOD DR
CITY-ST-ZIP SARASOTA, FL 34243

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME MARGARETHA OLIVECROWA
STREET ADDRESS 2024 TANGLEWOOD DR
CITY-ST-ZIP SARASOTA, FL 34231-34239

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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:

MARGARETHA OLIVECROWA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-28-2000 (941) 951-51