

2000 UNIFORM BUSINESS REPORT (UBR)

3/10/2000 00005 004 ****61.25

DOCUMENT # N96000004681

1. Entity Name

CHILDREN'S COALITION FOR CHANGE, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

03-13-2000 90005 004 ****61.25

Principal Place of Business

888 BLVD OF THE ARTS #1203
SARASOTA FL 34236
US

Mailing Address

888 BLVD OF THE ARTS #1203
SARASOTA FL 34236-4652
US

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

65-0817516

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MUORIE, IDA R
888 BLVD OF THE ARTS, #1203
SARASOTA FL 34236

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:
FEES 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	P	NAME	MUORIE, IDA R	<input type="checkbox"/> Delete
STREET ADDRESS			888 BLVD OF THE ARTS #1213	
CITY-ST-ZIP			SARASOTA FL 34236	
TITLE	DV	NAME	DAVIS, HELEN A DR.	<input type="checkbox"/> Delete
STREET ADDRESS			888 BLVD OF THE ARTS #1203	
CITY-ST-ZIP			SARASOTA FL 34236	
TITLE	D	NAME	WILLIAMS, ROBERT ROLAND	<input type="checkbox"/> Delete
STREET ADDRESS			888 BLVD OF THE ARTS, #1213	
CITY-ST-ZIP			SARASOTA FL 34236	
TITLE	ED	NAME	WELLS, MAUREEN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS			888 BLVD OF THE ARTS #1203	
CITY-ST-ZIP			SARASOTA FL 34236	
TITLE	D	NAME	SAN PEDRO, OFEILA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS			888 BLVD OF THE ARTS #1203	
CITY-ST-ZIP			SARASOTA FL 34236	
TITLE	D	NAME	ELLIOT, MARLENA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS			888 BLVD OF THE ARTS #1203	
CITY-ST-ZIP			SARASOTA FL 34236	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/07/2000 941-954-4402

CR2E037 (9/99)