

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

05-22-2000 90005 002 \*\*\*\*61.25

**DOCUMENT # N96000006301**

1. Entity Name

**THE CHILDREN'S CAUSE, INC.**

Principal Place of Business

Mailing Address

907 EAST 2ND PLAZA  
 PANAMA CITY FL 32401

PO BOX 621  
 PANAMA CITY FL 32402-0621  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3415147**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JAMES DAVID KEITH**  
**907 EAST 2ND PLZ**  
**PANAMA CITY FL 32401**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PSTD**  Delete  
 NAME **KEITH, JAMES DAVID**  
 STREET ADDRESS **907 EAST 2ND PLAZA**  
 CITY-ST-ZIP **PANAMA CITY FL 32401**

TITLE **D**  Change  Addition  
 NAME **Keith Carey M**  
 STREET ADDRESS **907 East 2nd Plaza**  
 CITY-ST-ZIP **PANAMA City FL 32401**

TITLE **D**  Delete  
 NAME **KEITH, KATRINA B**  
 STREET ADDRESS **907 EAST 2ND PLAZA**  
 CITY-ST-ZIP **PANAMA CITY FL 32401**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **KEITH, MILTON DALE**  
 STREET ADDRESS **907 EAST 2ND PLAZA**  
 CITY-ST-ZIP **PANAMA CITY FL 32401**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **Keith Carey M**  
 STREET ADDRESS **907 East 2nd Plaza**  
 CITY-ST-ZIP **PANAMA City FL 32401 Director**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:** *James Keith* **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/26/00*  
 Date

*914-5344*  
 Daytime Phone #

CR2E037 (9/99)