

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 08, 2002 8:00 am**  
**Secretary of State**

09-08-2002 90126 047 \*\*\*\*61.25

**DOCUMENT # N97000002901**

1. Entity Name

**GIFTED CHILDREN'S RESOURCE FOUNDATION, INC.**

Principal Place of Business

1148 WHITEHALL CT  
 PORT ORANGE FL 32119

Mailing Address

1148 WHITEHALL CT  
 PORT ORANGE FL 32119

870000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4175 S. ATLANTIC AVE  
 Suite, Apt. #, etc.  
 420

City & State

NEW SMYRNA BEACH, FL

Zip

32169

Country

USA

3. Mailing Address

4175 S. ATLANTIC AVE  
 Suite, Apt. #, etc.  
 420

City & State

NEW SMYRNA BEACH, FL

Zip

32169

Country

USA

4. FEI Number

59-3453208

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

MILLER, KELLY  
 1148 WHITEHALL CT  
 SOUTH DAYTONA FL 32119

7. Name and Address of New Registered Agent

Name LEIGH E. SLAYBACK  
 Street Address (P.O. Box Number is Not Acceptable)  
 4175 S. ATLANTIC AVE,  
 STE 420  
 City NEW SMYRNA BEACH FL Zip Code 32169

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Leigh E. Slayback  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/5/02  
 DATE

After September 13, 2002,  
 min. will be \$236.25.

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           | LIGHTIGMAN, CHARLES          |        |
| STREET ADDRESS | 1030 W. INT'L SPEEDWAY BLVD. |        |
| CITY-ST-ZIP    | DAYTONA BEACH FL 32114       |        |
| TITLE          | D                            | Delete |
| NAME           | ENDSLEY, ANITA               |        |
| STREET ADDRESS | 127 W. INT'L SPEEDWAY BLVD.  |        |
| CITY-ST-ZIP    | DAYTONA BEACH FL 32114       |        |
| TITLE          | D                            | Delete |
| NAME           | MCCOY, STEPHEN DR            |        |
| STREET ADDRESS | OAK RIDGE BLVD.              |        |
| CITY-ST-ZIP    | DAYTONA BEACH FL 32114       |        |
| TITLE          |                              | Delete |
| NAME           |                              |        |
| STREET ADDRESS |                              |        |
| CITY-ST-ZIP    |                              |        |
| 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          | D                          | Change | Addition |
| NAME           | SHERI MYERS                |        |          |
| STREET ADDRESS | 1817 WRIGHT DR             |        |          |
| CITY-ST-ZIP    | DAYTONA BEACH FL 32128     |        |          |
| TITLE          | D                          | Change | Addition |
| NAME           | FRANK MARGER               |        |          |
| STREET ADDRESS | 3732 LONG GROVE LANE       |        |          |
| CITY-ST-ZIP    | PORT ORANGE, FL 32129      |        |          |
| TITLE          | D                          | Change | Addition |
| NAME           | DAVID B. SLAYBACK          |        |          |
| STREET ADDRESS | 4175 S. ATLANTIC AVE, #420 |        |          |
| CITY-ST-ZIP    | NEW SMYRNA BEACH FL 32169  |        |          |
| TITLE          |                            | Change | Addition |
| NAME           |                            |        |          |
| STREET ADDRESS |                            |        |          |
| CITY-ST-ZIP    |                            |        |          |
| TITLE          |                            | Change | Addition |
| 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: David B. Slayback REQUIRED

9/5/02 386-427-5252

CR2E037 (4/02)