

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003520

1. Entity Name

CHERISH THE CHILD, INC.

**FILED**  
**Mar 29, 2000 8:00 am**  
**Secretary of State**

03-29-2000 90036 032 \*\*\*\*70.00

Principal Place of Business

Mailing Address

1025 10TH STREET  
 ST. CLOUD FL 34769

1025 10TH STREET  
 ST. CLOUD FL 34769-3382

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3458783

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

RADER, SHERILYNNE P  
 1025 10TH STREET  
 ST. CLOUD FL 34769

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 CP ☐ Delete  
 NAME RADER, SHERILYNNE P  
 STREET ADDRESS 1050 KELLY ST  
 CITY-ST-ZIP ST. CLOUD FL 34771

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

TITLE DV ☒ Delete  
 NAME MCKOWN, DEBORAH W REV  
 STREET ADDRESS 4506 LAKE TRUDY DRIVE  
 CITY-ST-ZIP ST. CLOUD FL 34769

TITLE C D ☐ Change ☒ Addition  
 NAME William J. Mayo  
 STREET ADDRESS 5871 Curry Ford Rd.  
 CITY-ST-ZIP Orlando, FL. 32822

TITLE D ☐ Delete  
 NAME MAYO, LAUREL A  
 STREET ADDRESS 4050 VIA RIO AVE  
 CITY-ST-ZIP OCEANSIDE CA 92056

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

TITLE D ☒ Delete  
 NAME WOODROW, ROBERT  
 STREET ADDRESS 615 PENNSYLVANIA AVE.  
 CITY-ST-ZIP ST. CLOUD FL 34769

TITLE TD ☐ Change ☒ Addition  
 NAME Valerie J. Tietz  
 STREET ADDRESS 4825 Oakwood Dr.  
 CITY-ST-ZIP St. Cloud, FL. 34772

TITLE D ☐ Delete  
 NAME SCHMIDT, JEANETTE  
 STREET ADDRESS 1106 CAROLINA AVENUE  
 CITY-ST-ZIP ST. CLOUD FL 34769

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

TITLE D ☐ Delete  
 NAME YOUNG, MARY K  
 STREET ADDRESS 103 PARK ST  
 CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

TITLE DV ☒ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-00

Date

407-892-6370

Daytime Phone #

CR2E037 (9/99)