

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 18, 2000 8:00 am**  
**Secretary of State**

09-18-2000 90042 023 \*\*\*\*61.25

**DOCUMENT # N97000004063**

1. Entity Name  
**UNITED PARENTS FOR KIDS, INC.**

*P*

Principal Place of Business      Mailing Address  
**8 KODIAK PATH**      **P O BOX 10475**  
**ORMOND BEACH FL 32174**      **BAYTONA BCH FL 32120-0475**  
**US**



DO NOT WRITE IN THIS SPACE

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 **59-3457956**      Applied For  
 Not Applicable

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

**GLUZ, DORAYNE M**  
**8 KODIAK PATH**  
**ORMOND BEACH FL 32174**

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 *Dorayne M Gluz*      *9/15/00*  
 Signature, typed or printed name of registered agent and title if applicable.      DATE  
NOTE: Registered Agent signature required when reinstating)

**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 NAME	<b>CBD</b> <b>CARLEY, MICHAEL</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>33 GRACIE ROAD</b>	
CITY-ST-ZIP	<b>DE BARY FL 32713</b>	
TITLE NAME	<b>CCBD</b> <b>WELTER, BOBBIE</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>209 RANCHETTE RD</b>	
CITY-ST-ZIP	<b>NEW SMYRNA BEACH FL 32168</b>	
TITLE NAME	<b>TS</b> <b>PARK, NANCY K</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>135 WALKER STREET</b>	
CITY-ST-ZIP	<b>HOLLY HILL FL 32117</b>	
TITLE NAME	<b>D</b> <b>GLUZ, DOWAYNE M</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>8 KODIAK PATH</b>	
CITY-ST-ZIP	<b>ORMOND BEACH FL 32174</b>	
TITLE NAME	<b>F</b> <b>BYARS, MICHAEL</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>1631 CENTER AVE</b>	
CITY-ST-ZIP	<b>HOLLY HILL FL 32117</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Dorayne M Gluz*      *9/15/00*      *904-615-9193*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/99)