

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004084

1. Entity Name

COALITION FOR CHILDREN, INC.

Principal Place of Business

505 ROYAL PALM BEACH BLVD  
ROYAL PALM BEACH FL 33411

Mailing Address

505 ROYAL PALM BEACH BLVD  
ROYAL PALM BEACH FL 33411-7670

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

65-0774023

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

FINE, HERBERT L  
505 ROYAL PALM BEACH BLVD  
ROYAL PALM BEACH FL 33411

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 PD  
NAME FINE, HERBERT L  
STREET ADDRESS 505 ROYAL PALM BEACH BLVD  
CITY-ST-ZIP ROYAL PALM BEACH FL 33411

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE V  
NAME SHWINER, JOHN  
STREET ADDRESS 11924 FOREST HILL BLVD.  
CITY-ST-ZIP WELLINGTON FL 33414

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DS  
NAME GLADSTONE, HERBERT  
STREET ADDRESS 275 BEAVER DAM CT.  
CITY-ST-ZIP ROYAL PALM BEACH FL 33411

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE T  
NAME SANTAMARIA, CHRISTOPHER  
STREET ADDRESS 505 ROYAL PALM BEACH BLVD  
CITY-ST-ZIP ROYAL PALM BEACH FL 33411

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME MCLEAN, GLENNA  
STREET ADDRESS 12794 FOREST HILL BLVD SUITE 35  
CITY-ST-ZIP WELLINGTON FL 33414

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME JONES, EUGENIA  
STREET ADDRESS 1901 NORTHWEST 16TH ST.  
CITY-ST-ZIP BELLE GLADE FL 33430

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

*CHRISTOPHER SANTAMARIA, TREAS.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/00

Date

(561) 753-7555

Daytime Phone #

CR2E037 (9/99)