

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004373

1. Entity Name

PARA TODOS LOS NINOS, INC.

Principal Place of Business

Mailing Address

P O BOX 933
DUNEDIN FL 34697-0933

P O BOX 933
DUNEDIN FL 34697-0933

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

59-3331926

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

WINTERS, ELISE K
600 CLEVELAND ST, SUITE 940
CLEARWATER FL 33755

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
OLESON, THOMAS W
P O BOX 933 N/A
DUNEDIN FL 34697-0933 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Debra kinder
312 Midway Island
Clearwater FL 33767 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
STONE, ~~OLESON~~
700 LINDHURST ST #201
DUNEDIN FL 34698 ☐ Delete
1215 Taylor Ave

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Evelisse Ruiz M.O.
1160 Jessica Ct.
Dunedin, FL 34698 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SCOTT, CAROL
1424 ROSE ST
CLEARWATER FL 34616 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Carol Toomey
P.O. Box 933
Dunedin FL 34697 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
VELEZ, MARIA TERESA
2000 RED CEDAR LANE
CLEARWATER FL 34628 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Steven Howey
1709 Hammock Pine Blvd
Clearwater FL 33761 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
SCOTT, JAY
1424 ROSE ST
CLEARWATER FL 34616 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Rob Hammock
1683 Robinhood Lane
Clearwater FL 33764 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
WEBER, MICHAEL
2725 RANCHWOOD CT
MELBOURNE FL 32934 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Claire Hague
601 N. Hercules #203
Clearwater, FL 33765 ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90248 021 ****61.25

004550



DO NOT WRITE IN THIS SPACE

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