

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001315

1. Entity Name

THE CHILDREN'S MOVEMENT, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90082 035 ****61.25

Principal Place of Business

Mailing Address

11 N. PENINSULA DR.
 DAYTONA BEACH FL 32118

11 N. PENINSULA DR.
 DAYTONA BEACH FL 32118-4260

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DAYTONA BEACH, FL.

32126

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

APPLIED FOR

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

MITCHELL, JEROME D ESQ.
 400 S PALMETTO AVE
 DAYTONA BEACH FL 32114

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 ☐ Delete
 NAME AFFOURTIT, ROBERT L.
 STREET ADDRESS 1727 PINE AVE.
 CITY-ST-ZIP DELAND FL 32724

TITLE C-S ☒ Change ☐ Addition
 NAME AFFOURTIT BOB
 STREET ADDRESS 1727 PINE AVE.
 CITY-ST-ZIP DELAND FL 32724

TITLE VD ☐ Delete
 NAME UMLAND, ZOEANN
 STREET ADDRESS 11 N. PENINSULA DR.
 CITY-ST-ZIP DAYTONA BEACH FL 32118

TITLE V-D ☒ Change ☐ Addition
 NAME UMLAND, ZOEANN
 STREET ADDRESS P.O. BOX 265013
 CITY-ST-ZIP DAYTONA BEACH, FL 32126

TITLE TSD ☒ Delete
 NAME MENENDEZ MIX, ARLENE
 STREET ADDRESS 100 E WASHINGTON ST
 CITY-ST-ZIP PIERSON FL 32180

TITLE P-D ☒ Change ☐ Addition
 NAME MICHELE MONSON
 STREET ADDRESS 3065 YOTHERS RD.
 CITY-ST-ZIP APOPKA, FL 32712

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE V-D ☐ Change ☒ Addition
 NAME UMLAND DESIREE
 STREET ADDRESS P.O. BOX 265013
 CITY-ST-ZIP DAYTONA BEACH, FL 32126

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE T-D ☐ Change ☒ Addition
 NAME CAROL PHILLIPS
 STREET ADDRESS 14745 WILDWOOD DR.
 CITY-ST-ZIP LARGO FL 33774

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE V-D ☐ Change ☒ Addition
 NAME JAMES PHILLIPS
 STREET ADDRESS 14745 WILDWOOD DR.
 CITY-ST-ZIP LARGO FL 33774

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 #

CR2E037 (9/99)