

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jul 14, 2001 08:00 AM

Secretary of State

DOCUMENT # N98000001315

1. Entity Name
THE CHILDREN'S MOVEMENT, INC.

Principal Place of Business
11 N. PENINSULA DR.
DAYTONA BEACH FL 32118

Mailing Address
PO BOX 265013
DAYTONA BEACH FL 32126

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
☐ 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

MITCHELL JEROME DESQ.
400 S PALMETTO AVE
DAYTONA BEACH FL 32114 US

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 **07/14/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) 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	VD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DESIREE UMLAND			NAME			
STREET ADDRESS	PO BOX 265013			STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH FL 32126			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MONSON MICHELE			NAME			
STREET ADDRESS	3065 YOTHERS RD			STREET ADDRESS			
CITY-ST-ZIP	APOPKA FL 32712			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	UMLAND ZOEANN			NAME			
STREET ADDRESS	PO BOX 265013			STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH FL 32126			CITY-ST-ZIP			
TITLE	CS	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	AFFOURTIT ROBERT L			NAME			
STREET ADDRESS	1727 PINE AVE.			STREET ADDRESS			
CITY-ST-ZIP	DELAND FL 32724			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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)(f), 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: Robert L. Affourtit PD **07/14/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (11/00)