

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 04, 2000 8:00 am**  
**Secretary of State**

04-04-2000 90104 043 \*\*\*\*61.25

**DOCUMENT # N98000001520**

1. Entity Name

**KIDSANCTUARY, INC.**

Principal Place of Business

**6465 183RD TRAIL NORTH  
 LOXAHATCHEE FL 33470**

Mailing Address

~~6465 183RD TRAIL NORTH~~ =  
**LOXAHATCHEE FL 33470-2100**

2. Principal Place of Business

3. Mailing Address

**177 US Highway One**  
 Suite, Apt. #, etc.  
**238**

Suite, Apt. #, etc.

City & State

City & State  
**Tequesta,**

4. FEI Number

**65-0821321**

Applied For

Not Applicable

Zip

Country

Zip **33469**

Country

**USA**

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

**BUSINESS FILINGS, INC.  
 C/O RICHARD OSTER  
 1186 OCEAN SHORES BLVD., SUITE 195  
 ORMOND BEACH FL 32176**

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  Delete  
 NAME **D AMORA, DAWN**  
 STREET ADDRESS **6465 183RD TR N**  
 CITY-ST-ZIP **LOXAHATCHEE FL 33470**

TITLE  Change  Addition  
 NAME **P Sandra Thomas**  
 STREET ADDRESS **327 Blossom Lane, Palm Beach Shores**  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **XX CED BROWN, SANDRA**  
 STREET ADDRESS **6684 COUNTRY PLACE RD**  
 CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE  Change  Addition  
 NAME **B Suzanne Maurno**  
 STREET ADDRESS **12457 Banyan Rd. North Palm Beach,**  
 CITY-ST-ZIP **FL**

TITLE  Delete  
 NAME **P MARX, DONNA**  
 STREET ADDRESS **1807 FAIRVIEW VILLAS DR**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE  Change  Addition  
 NAME **B Lenora Walkover**  
 STREET ADDRESS **312 Cavalier Road**  
 CITY-ST-ZIP **Palm Springs, FL**

TITLE  Delete  
 NAME **VT MANN, ALVIN**  
 STREET ADDRESS **3264 COVE RD**  
 CITY-ST-ZIP **TEQUESTA FL 33469**

TITLE  Change  Addition  
 NAME **B Frank Maurno**  
 STREET ADDRESS **55 Hickory Hill Road**  
 CITY-ST-ZIP **Tequesta, FL 33469**

TITLE  Delete  
 NAME **S THOMAS, SANDY**  
 STREET ADDRESS **98 LAKE DRIVE, BINIM 5**  
 CITY-ST-ZIP **PALM BCH SHORES FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D WEEKS STAGGS, MARY FAYE**  
 STREET ADDRESS **10151 DOGWOOD AVE**  
 CITY-ST-ZIP **PALM BCH GARDENS FL**

TITLE  Change  Addition  
 NAME  
 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: *Sandra Thomas* **REQUERVA MANN**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/2000  
 Date

561-746-2607  
 Daytime Phone #

UBR 101

0017 10/01/01

CF