

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2002 8:00 am**  
**Secretary of State**

01-27-2002 90029 008 \*\*\*\*61.25

**DOCUMENT # N98000001520**

1. Entity Name

**KIDSANCTUARY, INC.**

Principal Place of Business

Mailing Address

6465 183RD TRAIL NORTH  
 LOXAHATCHEE FL 33470

177 US HIGHWAY ONE  
 238  
 TEQUESTA FL 33469

809745



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0821321**

Applied For

Not Applicable

Zip

Country

Zip

Country

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.**  
**1 EAST BROWARD BLVD.**  
**SUITE 700**  
**FORT LAUDERDALE FL 33301-0000**

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  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **V MAURNO, SUZANNE**  
 STREET ADDRESS **12457 BANYAN RD.**  
 CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE  Change  Addition  
 NAME **P SUZANNE MAURNO**  
 STREET ADDRESS **12457 BANYAN RD**  
 CITY-ST-ZIP **NORTH PALM BEACH, FL 33408**

TITLE  Delete  
 NAME **T MAURNO, FRANK**  
 STREET ADDRESS **55 HICKORY HILL RD**  
 CITY-ST-ZIP **TEQUESTA FL 33469**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **S HOROWITZ, LYNN-DEE**  
 STREET ADDRESS **8914 VIA TUSCANY DRIVE**  
 CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 THOMAS, SANDRA**  
 STREET ADDRESS **327 BLOSSOM LANE**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33404**

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: *Suzanne Maurno*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/02 561659-3388  
 Date Daytime Phone #

CR2E037 (9/01)