

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

0074278

DOCUMENT # N98000003808

1. Entity Name

KIDS IN DISTRESS FOUNDATION, INC.

04-09-2002 90722 043 ****70.00

Principal Place of Business

Mailing Address

**819 NE 26TH ST
 FT LAUDERDALE FL 33305**

**819 NE 26TH ST
 FT LAUDERDALE FL 33305**



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

59-3517972

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

**TOMCZYK, THOMAS J
 819 NE 26TH ST
 FT LAUDERDALE FL 33305**

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 **TD THOMPSON, JEFF**
 STREET ADDRESS **2611 E. OAKLAND PARK BLVD.**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33306**

TITLE Change Addition
 NAME **TD MICHAEL LEVIN**
 STREET ADDRESS **1710 NW 124 WAY**
 CITY-ST-ZIP **CORAL SPRINGS, FL 33071**

TITLE Delete
 NAME **CD GLANTZ, RON**
 STREET ADDRESS **7951 SW 6TH ST STE100**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33324**

TITLE Change Addition
 NAME **D ALAN TINTER**
 STREET ADDRESS **2857 NE 25 TH ST**
 CITY-ST-ZIP **FT LAUDERDALE FL 33305**

TITLE Delete
 NAME **VD WEINBERG, MICHAEL**
 STREET ADDRESS **2430 W. OAKLAND PARK BLVD.**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33311**

TITLE Change Addition
 NAME **D LESLEY JONES**
 STREET ADDRESS **2840 NE 26TH ST**
 CITY-ST-ZIP **FT LAUDERDALE FL 33305**

TITLE Delete
 NAME **SD HIRSHBERG, EDWARD**
 STREET ADDRESS **3101 N. FEDERAL HWY. STE. 700**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33306**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **CEPD THOMAS, TOMCZYK**
 STREET ADDRESS **819 NE 26 ST**
 CITY-ST-ZIP **WILTON MANORS FL 33305**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD SHEFFIELD, LEE**
 STREET ADDRESS **ONE N. UNIVERSITY DR.**
 CITY-ST-ZIP **PLANTATION FL 33324**

TITLE Change Addition
 NAME **CD**
 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)(l), 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)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tom Tomczyk
PRES/CEO 3/27/02 (954) 390-7654

Date

Daytime Phone #

CR2E037 (9/01)