

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1/13/

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90345 008 \*\*\*\*61.25

**DOCUMENT # N98000004069**

1. Entity Name  
**KIDS LIVING WITH AIDS, INC.**



Principal Place of Business  
**C/O OUTPATIENT SURGERY MEMORIAL HOSPITAL  
2901 SWANN AVE  
TAMPA FL 33609**

Mailing Address  
**C/O OUTPATIENT SURGERY MEMORIAL HOSPITAL  
2901 SWANN AVE  
TAMPA FL 33609**

*Same*

*Same*

**55004540**



☐ CHECK HERE IF MAKING CHANGES

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 <b>59-3533959</b> <i>correct</i>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**GIBBS, REBECCA  
C/O OUTPATIENT SURGERY MEMORIAL HOSPITAL  
2901 SWANN AVE  
TAMPA FL 33609**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
*Same*  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *R. Gibbs RNBSN*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *1/8/03*

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

**Make Check Payable to  
Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD GIBBS, REBECCA 16519 CAYMAN DR TAMPA FL 33624</b> <i>Director</i> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD BARNETT, SHARON 1412 KENSINGTON WOODS DRIVE LUTZ FL 33549</b> <i>Trustee</i> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD MORLET, GABRIELLE 4781 ESTRELLA ST TAMPA FL 33629</b> <i>please remove</i> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Bonnie Snider 480 Avila Cr. NE St. Petersburg FL 33703</b> <i>TRUSTEE</i> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Rebecca Gibbs*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE *1/8/03*

Daytime Phone #

CR2E037 (10/02)