

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90331 029 ****61.25

DOCUMENT # N98000004297

1. Entity Name

BRADENTON ACADEMY CARING FOR KIDS, INC.

Principal Place of Business

6210 17TH AVE W
 BRADENTON FL 34209

Mailing Address

6210 17TH AVE W
 BRADENTON FL 34209-7838

2. Principal Place of Business

7900 40th Ave. West

3. Mailing Address

7900 40th Ave. West

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bradenton, FL

City & State

Bradenton, FL

4. FEI Number

65-0881243

Applied For

Not Applicable

Zip

Country

34209

Zip

Country

34209

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

JACKMAN, JAMES D ESQ.
4608 28TH ST W
BRADENTON FL 34207

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	DVS	<input checked="" type="checkbox"/> Delete
NAME	FINNO, JEANETTE	
STREET ADDRESS	3602 67TH ST W	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	WEBSTER, ADRIENNE	
STREET ADDRESS	7819 SAN JUAN AVE	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	D, President	<input type="checkbox"/> Delete
NAME	JACKMAN, LORRAINE	
STREET ADDRESS	1811 80TH ST CT W	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Eileen Krausse	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	President, Director	
STREET ADDRESS	5009 54th ST west	
CITY-ST-ZIP	Bradenton, FL 34210	
TITLE	Secretary, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bence Bailey	
STREET ADDRESS	1333 Idlewild Ct	
CITY-ST-ZIP	Sarasota FL 34243	
TITLE	D, Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice-President, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Darla Moore	
STREET ADDRESS	4536 60th ST CT west	
CITY-ST-ZIP	Bradenton, FL 34210	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 *Lorraine P. Jackman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-00

Date

941-792-7838

Daytime Phone #

CR2E037 (9/99)