

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90065 023 \*\*\*\*61.25

**DOCUMENT # N98000004297**

1. Entity Name

**BRADENTON ACADEMY CARING FOR KIDS, INC.**

Principal Place of Business

**7900 40TH AVE WEST  
 BRADENTON FL 34209**

Mailing Address

**7900 40TH AVE WEST  
 BRADENTON FL 34209**

**971428**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**65-0881243**

Applied For

Not Applicable

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 26TH 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	<b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BAILEY, RENEE</b>	
STREET ADDRESS	<b>1333 IDLEWILD CT</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34243</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MOORE, DARLA</b>	
STREET ADDRESS	<b>4536 60TH ST CT WEST</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34210</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KRAUSSE, EILEEN</b>	
STREET ADDRESS	<b>5009 54TH ST WEST</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34210</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>JACKMAN, LORRAINE</b>	
STREET ADDRESS	<b>1811 80TH ST CT W</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34209</b>	
TITLE	<del>AKROBY, HOLLY</del>	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<del>AKROBY, HOLLY</del>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>President, Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ACKROY, HOLLY</b>	
STREET ADDRESS	<b>7900 40th Ave West</b>	
CITY-ST-ZIP	<b>Bradenton, FL 34209</b>	
TITLE	<del>Vice Pres, Director</del>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Wolfe, Carol</b>	
STREET ADDRESS	<b>7900 40th Ave. West</b>	
CITY-ST-ZIP	<b>Bradenton, FL</b>	
TITLE	<b>Treasurer, Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Jackman, Lorraine</b>	
STREET ADDRESS	<b>7900 40th Ave West</b>	
CITY-ST-ZIP	<b>Bradenton, FL 34209</b>	
TITLE	<b>Secretary, Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Narvaez, Zoraya</b>	
STREET ADDRESS	<b>7900 40th Ave. West</b>	
CITY-ST-ZIP	<b>Bradenton, FL 34209</b>	
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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01  
 Date

941-792-7838  
 Daytime Phone #

CR2E037 (10/00)