

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90004 040 ****70.00

DOCUMENT # N98000005087

1. Entity Name

FASP CHILDREN'S SERVICES FUND, INC.

Principal Place of Business

Mailing Address

2501 S OCEAN DRIVE
1605
HOLLYWOOD FL 33019

2501 S OCEAN DRIVE
1605
HOLLYWOOD FL 33019

2. Principal Place of Business

2699 Stirling Road

3. Mailing Address

2699 Stirling Road

Suite, Apt. #, etc.

Suite B-305

Suite, Apt. #, etc.

Suite B-305

City & State

FT. Lauderdale, Florida

City & State

FT. Lauderdale, Florida

Zip

33312-6546

Country

USA

Zip

33312-6546

Country

USA

4. FEI Number

59-3562148

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEVINE, MARTIN N
2501 SOUTH OCEAN DRIVE
APT 1605
HOLLYWOOD FL 33019

7. Name and Address of New Registered Agent

Name

DR. Ralph E. Cash

Street Address (P.O. Box Number is Not Acceptable)

2699 Stirling Road

Suite B-305

City

FT Lauderdale,

FL

Zip Code

33312-6546

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

Martin Levine, Treasurer

1/8/02

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHEFFIELD, PAM	
STREET ADDRESS	3609 E FORGE ROAD	
CITY-ST-ZIP	DAVIE FL 32328	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIMONIS, SARAH	
STREET ADDRESS	1514 SW 13 STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL-33312	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASH, RALPH E	
STREET ADDRESS	2699 STIRLING ROAD, SUITE B-305	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312-6546	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEVINE, MARTIN N	
STREET ADDRESS	2501 S OCEAN DRIVE #1605	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BURLESON, MIKE	
STREET ADDRESS	1700 E GADSDEN STREET	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cary Ballesteros	
STREET ADDRESS	10221 SW 20 St.	
CITY-ST-ZIP	Miami, FL 33165	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONNIE Cordill	
STREET ADDRESS	21241 Snow Hill Road	
CITY-ST-ZIP	Brooksville, FL	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EMORY Hamilton	
STREET ADDRESS	2177 Hyatt Drive	
CITY-ST-ZIP	Port Charlotte, FL 33948	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONNA Regan	
STREET ADDRESS	4211 Arbor Oaks Ct	
CITY-ST-ZIP	Orlando, FL 32808	
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:

Martin Levine

1/8/02 954 650-5444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/01)