

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005472

1. Entity Name

FRIENDS OF CHILDREN UTILIZING SKILLS, INC.

FILED

Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90094 014 ****61.25

Principal Place of Business

Mailing Address

PO BOX 845
RIVERVIEW FL 33568-0845

PO BOX 845
RIVERVIEW FL 33568-0845

2. Principal Place of Business

3. Mailing Address

5211-85th St

Above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

4. FEI Number

59-3540971

Applied For

Not Applicable

Zip

Country

Zip

Country

33619

Hills Co.

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

HILL, CONSTANCE L
14908 NORTHWOOD VILLAGE LANE
TAMPA FL 33613

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

Constance L. Hill

Constance L. Hill

4-6-01

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 D ☐ Delete
NAME MILLER, CAROLYN Y
STREET ADDRESS 5211-85TH ST
CITY-ST-ZIP TAMPA FL 33619

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TECO ☐ Delete
NAME ROBINSON, JULUIS
STREET ADDRESS 508 CAROLINE ST
CITY-ST-ZIP TAMPA FL 33617

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE OT ☐ Delete
NAME SANCHEZ, LANITRA
STREET ADDRESS 5009 85TH ST
CITY-ST-ZIP TAMPA FL 33619

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME THOMAS, LAURA D
STREET ADDRESS P.O. BOX 1074
CITY-ST-ZIP SEFFNER FL 33584

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME MILLER, ROBERT V JR
STREET ADDRESS 5211 85TH ST
CITY-ST-ZIP TAMPA FL 33619

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME HOLMES, SALLIE M
STREET ADDRESS 6002 82ND ST
CITY-ST-ZIP TAMPA FL 33619

TITLE ☐ Change ☐ 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:

Carolyn Y. Miller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-01

813-677-5890

Date

Daytime Phone #

00-1431

CR2E037 (10/00)