

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/

**FILED**  
**Jun 07, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90057 004 \*\*\*\*61.25

**DOCUMENT # N98000006373**

1. Entity Name

**BARBARA'S PLAYHOUSE A HAVEN FOR LITTLE ANGELS, I**

Principal Place of Business

401 EXECUTIVE CENTER DRIVE #C004  
WEST PALM BEACH FL 33401-2942

Mailing Address

401 EXECUTIVE CENTER DRIVE #C004  
WEST PALM BEACH FL 33401-2936

2. Principal Place of Business

401 EXECUTIVE CENTER DRIVE  
Suite, Apt. #, etc.  
# G 103

3. Mailing Address

401 EXECUTIVE CENTER DRIVE  
Suite, Apt. #, etc.  
# G 103

City & State

WEST PALM BEACH FL

City & State

WEST PALM BEACH FL

Zip

33401-2942

Country

PAIM BEACH

Zip

33401-2942

Country

PAIM BEACH

4. FEI Number

31-1639511

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TOOMBS, BARBARA M

401 EXECUTIVE CENTER DRIVE #C004

WEST PALM BEACH FL 33401-2942

7. Name and Address of New Registered Agent

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

*Barbara McMillan Toombs*

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

(NOTE: Registered Agent signature required when reinstating)

05/01/2000

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 PD  
NAME TOOMBS, BARBARA M  
STREET ADDRESS 401 EXECUTIVE CENTER DR #C104  
CITY-ST-ZIP WEST PALM BEACH FL 33401-2942 ☐ Delete

TITLE SD  
NAME WILLIAMS, PATCY J  
STREET ADDRESS 1120 SAPODILLA AVE  
CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ Delete

TITLE TD  
NAME COLE, NOAMI J  
STREET ADDRESS 401 EXECUTIVE CENTER DRIVE #C004  
CITY-ST-ZIP WEST PALM BEACH FL 33401-2942 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE VICE PRESIDENT  
NAME BROOKINGS, JAMES  
STREET ADDRESS 371 W. 32ND STREET  
CITY-ST-ZIP RIVIERA BEACH FL 33404 ☐ Change ☒ Addition

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

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

*Barbara McMillan Toombs*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/01/2000 (561) 686-7740

DATE

DAYTIME PHONE #

CR2E037 (9/99)