

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006480

1. Entity Name

DOUGLAS HOME FOR CHILDREN, INC.

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90037 043 \*\*\*\*61.25

Principal Place of Business

1560 NORTHWEST 122ND STREET  
MIAMI FL 33167

Mailing Address

1560 NORTHWEST 122ND STREET  
MIAMI FL 33168-1947

2. Principal Place of Business

911 N.W. 35 TERRACE

3. Mailing Address

911 N.W. 35 TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

Zip

33311-6448

Country

U.S.A.

Zip

33311-6448

Country

U.S.A.

4. FEI Number

65-0875142

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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

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 PSTD  
NAME DOUGLAS, VERNELLE ☐ Delete  
STREET ADDRESS 1560 NORTHWEST 122ND STREET  
CITY-ST-ZIP MIAMI FL 33167

TITLE VD ☒ Delete  
NAME PELTZ, FERDE  
STREET ADDRESS 1560 NORTHWEST 122ND STREET  
CITY-ST-ZIP MIAMI FL 33167

TITLE D ☐ Delete  
NAME BECKS, GWENDOLYN A  
STREET ADDRESS 1560 NORTHWEST 122ND STREET  
CITY-ST-ZIP MIAMI FL 33167

TITLE VD ☐ Delete  
NAME BECKS, LAWRENCE  
STREET ADDRESS 1560 NW 122ND STREET  
CITY-ST-ZIP MIAMI FL 33167

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 911 N.W. 35 TERRACE  
CITY-ST-ZIP FT. LAUDERDALE, FL 33311

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

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 911 N.W. 35 TERRACE  
CITY-ST-ZIP FT. LAUDERDALE, FL 33311

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 911 N.W. 35 TERRACE  
CITY-ST-ZIP FT. LAUDERDALE, FL 33311

TITLE ☐ Change ☒ Addition  
NAME D JOE COOK  
STREET ADDRESS 911 N.W. 35 TERRACE  
CITY-ST-ZIP FT. LAUDERDALE, FL 33311

TITLE ☐ Change ☒ Addition  
NAME D DONALD CRAMPTON, M.D.  
STREET ADDRESS 975 ARTHUR GODFREY ROAD  
CITY-ST-ZIP MIAMI BEACH, FL 33140

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: VERNELLE DOUGLAS Presided 4/5/00 954-791-5453

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CIF 017 (9/98)