

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006480

1. Entity Name

DOUGLAS HOME FOR CHILDREN, INC.

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90335 042 ****61.25

Principal Place of Business

911 N.W. 35 TERRACE
FORT LAUDERDALE FL 33311-6448
US

Mailing Address

911 N.W. 35 TERRACE
FORT LAUDERDALE FL 33311-6448
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
DOUGLAS, VERNELLE
911 N.W. 35 TERRACE ACE
FORT LAUDERDALE FL 33311

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BECKS, GWENDOLYN A
911 N.W. 35 TERRACE
FORT LAUDERDALE FL 33311

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
BECKS, LAWRENCE
911 N.W. 35 TERRACE
FORT LAUDERDALE FL 33311

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
CITY-ST-ZIP

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)