

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jul 25, 2000 8:00 am**
Secretary of State

07-25-2000 90094 010 ****61.25

DOCUMENT # N99000001532

1. Entity Name

CHILDREN'S PLAYGROUND FUND, INC. ✓

Principal Place of Business

**1904 HOLLYHOCK ROAD
WELLINGTON FL 33414**

Mailing Address

**1904 HOLLYHOCK ROAD
WELLINGTON FL 33414**

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

65-0885538

Applied For

Not Applicable

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

**WEBER, STEPHANIE
1904 HOLLYHOCK ROAD
WELLINGTON FL 33414**

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**After September 13, 2000 min. will be \$236.25**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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD WEBER, STEPHANIE 1904 HOLLYHOCK ROAD WELLINGTON FL 33414	<input type="checkbox"/>		
VD BENACQUISTO, LIZBETH 13540 JONQUIL PLACE WELLINGTON FL 33414	<input type="checkbox"/>		
TD BALCAITIS, DEBORAH 1145 PRIMROSE LANE WELLINGTON FL 33414	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

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:

Stephanie Weber
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/19/00 (561) 798-4318

CR2E037 (5/00)