

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002286

1. Entity Name

KIDS ARE PEOPLE TOO, INC.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90211 045 \*\*\*\*61.25

Principal Place of Business Mailing Address  
 2511 POST ST., SUITE 1 2511 POST ST., SUITE 1  
 JACKSONVILLE FL 32204 JACKSONVILLE FL 32204-4245

2. Principal Place of Business 3. Mailing Address  
 8402 103rd Street 8402 103rd Street  
 Suite, Apt., etc. Suite, Apt., etc.  
 3 3

City & State City & State  
 Jacksonville, Florida Jacksonville, Florida  
 Zip Country Zip Country  
 32210 USA 32210 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For  
 59-3587108 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

BENT, SESSEL  
 2511 POST ST., SUITE 1  
 JACKSONVILLE FL 32204

## 7. Name and Address of New Registered Agent

Name Robert Brown  
 Street Address (P.O. Box Number is Not Acceptable)  
 8402 103rd St  
 City Jacksonville FL Zip Code 32210

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 *Robert A. Brown* DATE 4-26-00  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete
NAME	BROWN, ROBERT	
STREET ADDRESS	2511 POST ST., SUITE 1	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BENT, SESSEL	
STREET ADDRESS	2511 POST ST., SUITE 1	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BROWN, SHERYL	
STREET ADDRESS	2511 POST ST., SUITE 1	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sheryl Brown	
STREET ADDRESS	8402 103rd St suite 3	
CITY-ST-ZIP	Jacksonville, FL 32210	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Brown	
STREET ADDRESS	8402 103rd St suite 3	
CITY-ST-ZIP	Jacksonville, FL 32210	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert A. Brown	
STREET ADDRESS	8402 103rd St suite 3	
CITY-ST-ZIP	Jacksonville, FL 32210	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Robert A. Brown*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4-26-00 (904) 772-0277  
 DATE Daytime Phone #

CR2E037 (9/99)