

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002409

1. Entity Name

CHILD'S PLAY FOUNDATION, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90043 049 ****70.00

Principal Place of Business

Mailing Address

6279 NORTH LECANTO HIGHWAY
BEVERLY HILLS FL 34465

6279 NORTH LECANTO HIGHWAY
BEVERLY HILLS FL 34465-2503

2. Principal Place of Business

3. Mailing Address

14 Hickory Ave

14 Hickory Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Yankeetown, Fla

Yankeetown, Fla

4. FEI Number

Applied For

59-3620040

Not Applicable

Zip

Country

Zip

Country

34498

U.S.A.

34498

USA

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

PHARES, PENNY
14 HICKORY AVENUE
YANKEETOWN FL 34498

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

Penny L Phares

4-22-00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME MOURFIELD, CASSANDRA
STREET ADDRESS 15325 WEST RIVER ROAD
CITY-ST-ZIP INGLIS FL 34449

TITLE TD ☒ Change ☐ Addition
NAME MOURFIELD, CASSANDRA
STREET ADDRESS 15325 West River Road
CITY-ST-ZIP INGLIS FL 34449

TITLE DST ☐ Delete
NAME PHARES, PENNY
STREET ADDRESS 14 HICKORY AVENUE
CITY-ST-ZIP YANKEETOWN FL 34498

TITLE DS ☒ Change ☐ Addition
NAME PHARES, PENNY
STREET ADDRESS 14 HICKORY AVE
CITY-ST-ZIP YANKEETOWN FL 34498

TITLE D ☐ Delete
NAME PLYMIRE, CINDIE
STREET ADDRESS 189 EAST SAVOY STREET
CITY-ST-ZIP LECANTO FL 34461

TITLE D ☒ Change ☐ Addition
NAME RAYBON CINDIE
STREET ADDRESS 189 EAST SAVOY STREET
CITY-ST-ZIP LECANTO FL 34461

TITLE PD ☐ Delete
NAME SCHILLER, ELLIE
STREET ADDRESS 42 MAGNOLIA AVENUE
CITY-ST-ZIP YANKEETOWN FL 34498

TITLE VD ☒ Change ☐ Addition
NAME SCHILLER, ELLIE
STREET ADDRESS 42 MAGNOLIA AVE
CITY-ST-ZIP YANKEETOWN FL 34498

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Change ☒ Addition
NAME MYERS, ROBERT
STREET ADDRESS 10118 SHORTWOOD LANE
CITY-ST-ZIP ORLANDO, FL 32836

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Penny L Phares Penny L. Phares 4-22-00 (352) 447-2163

Date

Daytime Phone #

CR2E037 (9/99)