

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002906

1. Entity Name

CHILD OUT-REACH, INC.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90233 002 ****70.00

Principal Place of Business

1512 WEST 16TH STREET
RIVIERA BEACH FL 33404

Mailing Address

P.O. BOX 10628
RIVIERA BEACH FL 33419-0628

2. Principal Place of Business

1616 BROADWAY AVE
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 10628
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Riv. Bch, Fl. 33404

City & State

Riv. Bch, Fl. 33404

4. FEI Number

65-0930979

Applied For

Not Applicable

Zip

Country

33404

Zip

Country

33404

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CANNON, CAPURNIA
1512 WEST 16TH STREET
RIVIERA BEACH FL 33404

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

Capurnia B. Cannon

4/27/00

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 D
STREET ADDRESS CANNON, CAPURNIA
CITY-ST-ZIP 1512 WEST 16TH STREET
RIVIERA BEACH FL 33404

TITLE ☐ Delete
NAME D
STREET ADDRESS JORGENSEN, DONNA
CITY-ST-ZIP 4951 WEDGEWOOD WAY APT. 2
WEST PALM BEACH FL 33417

TITLE ☐ Delete
NAME D
STREET ADDRESS THURSTON, EARNESTINE
CITY-ST-ZIP 3718 NORTH SHORE DRIVE
WEST PALM BEACH FL 33407

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
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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:

CAPURNIA B. CANNON / CAPURNIA B. CANNON

Date

Daytime Phone #

CR2E037 (9/99)