

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003116

1. Entity Name

DEVEREUX KIDS, INC.

FILED

Mar 25, 2002 8:00 am  
Secretary of State

03-25-2002 90155 004 \*\*\*\*61.25

Principal Place of Business

Mailing Address

C/O THE DEVEREUX FOUNDATION  
5850 T.G. LEE BLVD., STE. 400  
ORLANDO FL 32822

C/O THE DEVEREUX FOUNDATION  
5850 T.G. LEE BLVD., STE. 400  
ORLANDO FL 32822

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3593023

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FRIEDMAN, HARRY J  
1221 BRICKELL AVE.  
MIAMI FL 33131

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME PD  
STREET ADDRESS GRONO, WALTER  
CITY-ST-ZIP 44 DEVEREUX DRIVE  
VILLANOVA PA 19085

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

TITLE ☐ Delete  
NAME TD  
STREET ADDRESS KRIEDER, ROBERT  
CITY-ST-ZIP 444 DEVEREUX DRIVE  
VILLANOVA PA 19085

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

TITLE ☐ Delete  
NAME SD  
STREET ADDRESS THOMAS, ALLEN  
CITY-ST-ZIP 444 DEVEREUX DRIVE  
VILLANOVA PA 19085

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

TITLE ☐ Delete  
NAME MD  
STREET ADDRESS COLVIN, JAMES  
CITY-ST-ZIP 5850 TG LEE BLVD  
ORLANDO FL 32822

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

TITLE ☐ Delete  
NAME EDD  
STREET ADDRESS BECKER, MICHAEL C  
CITY-ST-ZIP 5850 TG LEE BLVD STE 400  
ORLANDO FL 32822

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

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

Date

Daytime Phone #

CF2E037 (9/01)