

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000003215**

1. Entity Name

KIDZ R US FOUNDATION, INC.**FILED**
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90075 008 ****61.25

0050917

Principal Place of Business

**365 JOG ROAD
W. PALM BEACH FL 33436**

Mailing Address

**365 JOG ROAD
W. PALM BEACH FL 33436****604943**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0919877

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

**MASON, VON
365 JOG ROAD
W. PALM BEACH FL 33436**Name **Shelby Colman**

Street Address (P.O. Box Number is Not Acceptable)

365 Jog RoadCity **West Palm Beach****FL**Zip Code **33415**

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

Shelby C. Colman

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	PD	<input type="checkbox"/> Delete
NAME	SHIPMAN, FREDERICK	
STREET ADDRESS	1714 BANYAN CREEK COURT	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> Delete
NAME	FENLASON, JOHN D	
STREET ADDRESS	10670 RUSH FORK ROAD	
CITY-ST-ZIP	CLYDE NC 28721	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> Delete
NAME	SHIPMAN, DEBORAH E	
STREET ADDRESS	1714 BANYAN CREEK COURT	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input type="checkbox"/> Delete
NAME	CAMPANY, ED	
STREET ADDRESS	1170 HATTERAS CIRCLE	
CITY-ST-ZIP	GREENACRES CITY FL 33413	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	SIMPSON, MARK	
STREET ADDRESS	1464 BREAKERS WEST BLVD.	
CITY-ST-ZIP	W. PALM BEACH FL 33411	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	MOCK, CURTIS	
STREET ADDRESS	5330 MENDOZA STREET	
CITY-ST-ZIP	W. PALM BEACH FL 33415	

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)