

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004578

1. Entity Name

GIVE A KID A SMILE GIVE A KID A DREAM FOUNDATION

Principal Place of Business

Mailing Address

2785 58TH AVE. SOUTH #244  
ST. PETERSBURG FL 33712

2785 58TH AVE. SOUTH #244  
ST. PETERSBURG FL 33712-4761

2. Principal Place of Business

3. Mailing Address

88 Glades Circle

Suite, Apt. #, etc.

City & State

Largo, FL

Zip

33771

Country

USA

City & State

Largo, FL

Zip

33771

Country

USA

4. FEI Number

59-3598902

Applied For

Not Applicable

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

NRAI SERVICES, INC.  
526 E. PARK AVENUE  
TALLAHASSEE FL 32301

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	D	<input type="checkbox"/> Delete
NAME	CAVIL, TRAMAIN	
STREET ADDRESS	2785 58TH AVE. SOUTH #244	
CITY-ST-ZIP	ST. PETERSBURG FL 33712	
TITLE	D	<input type="checkbox"/> Delete
NAME	WASHINGTON, RODNEY	
STREET ADDRESS	2785 58TH AVE. SOUTH #244	
CITY-ST-ZIP	ST. PETERSBURG FL 33712	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARKER, MANUELITO	
STREET ADDRESS	1807 S. HENNEPIN	
CITY-ST-ZIP	SIOUX CITY IA 50106	
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		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tramaine Cavil	
STREET ADDRESS	88 Glades Circle	
CITY-ST-ZIP	Largo, FL 33771	
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		
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:

*Tramaine Cavil*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-00

Date

727-1507-9888

Daytime Phone #

FILED  
Apr 27, 2000 8:00 am  
Secretary of State

04-27-2000 90125 003 \*\*\*\*61.25

948485



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)