

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004634

1. Entity Name

FOR KIDS' SAKE FOUNDATION, INC.

**FILED**  
**Sep 18, 2001 8:00 am**  
**Secretary of State**

09-18-2001 90004 013 \*\*\*\*61.25

Principal Place of Business

12315 WEST COLONIAL DRIVE  
WINTER GARDEN FL 34787

Mailing Address

12315 WEST COLONIAL DRIVE  
WINTER GARDEN FL 34787

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3605623

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

SAMUELS, ROBERT  
12315 WEST COLONIAL DRIVE  
WINTER GARDEN FL 34787

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**  
**After September 12, 2001, min. will be \$236.25**

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 SAMUELS, ROBERT  
STREET ADDRESS 12315 WEST COLONIAL DRIVE  
CITY-ST-ZIP WINTER GARDEN FL 34787

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

TITLE D ☐ Delete  
NAME HANNAMAN, JIMMIE  
STREET ADDRESS 320 EAST SOUTH STREET  
CITY-ST-ZIP ORLANDO FL 32801

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

TITLE D ☐ Delete  
NAME WEINSTEIN, ADAM  
STREET ADDRESS 200 S. ORANGE AVENUE  
CITY-ST-ZIP ORLANDO FL 32801

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

TITLE D ☐ Delete  
NAME BROADRICK, RON  
STREET ADDRESS POST OFFICE BOX 274128 N/A  
CITY-ST-ZIP TAMPA FL 33688

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

TITLE D ☐ Delete  
NAME WILLIAMS, KEN  
STREET ADDRESS 2272 MALACHITE DRIVE  
CITY-ST-ZIP LAKELAND FL 33810

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

TITLE D ☐ Delete  
NAME BROWN, BARRY  
STREET ADDRESS 3407 W. DR. MLK JR. BLVD.  
CITY-ST-ZIP TAMPA FL 33607

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:

**STAMP REQUIRED**

7/9/01

478-5437

CR2E037 (5/01)

Attachment  
# 19900000 4634

Our mail was  
delayed due to  
NYC tragedy