

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004985 ✓

1. Entity Name

FOUNDATION FOR KIDS INTERACTIVE DEVELOPMENT

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90049 008 ****61.25

Principal Place of Business

Mailing Address

3484 NE 12TH TERRACE 3484 NE 12TH TERRACE
FT. LAUDERDALE FL 33334 FT. LAUDERDALE FL 33334

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

65-0965057

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

00049379

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANN W. ROUSSEAU
3484 NE 12TH TERRACE
FT. LAUDERDALE FL 33334

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:
FEES \$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 PRESIDENT ☐ Delete
NAME ANN W. ROUSSEAU
STREET ADDRESS 3484 NE 12TH TERRACE
CITY-ST-ZIP FT. LAUDERDALE FL 33334

TITLE DIRECTOR ☐ Change ☒ Addition
NAME PAMSLA BITTNER
STREET ADDRESS 1025 NE 28TH DRIVE
CITY-ST-ZIP WILTON MANORS, FL 33305

TITLE DIRECTOR ☐ Delete
NAME REBECCA ANN LOVERN
STREET ADDRESS 1253 POINSETTA DR
CITY-ST-ZIP FT. LAUDERDALE FL 33305

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

TITLE DIRECTOR ☒ Delete
NAME J. BRADLEY RAGAN
STREET ADDRESS PO BOX 23865
CITY-ST-ZIP FT. LAUDERDALE FL 33307

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #

4/20/2000 (954) 565-4473

CR2E037 (9/99)