

4/10/

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 21, 2001 8:00 am
Secretary of State

04-10-2001 90020 028 ****61.25

DOCUMENT # N99000004985

1. Entity Name

THE FOUNDATION FOR KIDS INTERACTIVE DEVELOPMENT,

Principal Place of Business

Mailing Address

~~3484 NE 12TH TERRACE~~
~~FORT LAUDERDALE FL 33334~~~~2484 NE 12TH TERRACE~~
~~FORT LAUDERDALE FL 33334~~

2. Principal Place of Business

3. Mailing Address

1753 POINSETTIA DR**1753 POINSETTIA DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FT. LAUDERDALE FL**FT. LAUDERDALE FL**

4. FEI Number

65-0965057

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional**
Fee Required

Zip

Country

Zip

Country

33305**USA****33305****USA**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

ROUSSEAU, ANN W. RALOVERN

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

1753 POINSETTIA DR

City

FT. LAUDERDALE FL

Zip Code

33305

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

Ann W. Rousseau Pres. 4/4/2001

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees**Make Check Payable to**
Department of State**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D	ROUSSEAU, ANN	3484 NE 12TH TERRACE	<input type="checkbox"/>
		1753 POINSETTIA DR	FT. LAUDERDALE FL 33334	<input type="checkbox"/>
		33305		<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D	RAGAN, JON BRADLEY	POST OFFICE BOX 23865	<input checked="" type="checkbox"/>
		N/A	FT. LAUDERDALE FL 33307	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D	LOVERN, REBECCA ANN	1753 POINSETTIA DRIVE	<input type="checkbox"/>
		FT. LAUDERDALE FL 33305		<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D	MARNI MCLENNAN	344 N. JAMES	<input type="checkbox"/>
		BOLINGBROOK, IL		<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D	ROUSSEAU, ANN W.		<input type="checkbox"/>
				<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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 817, 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 ANN W. ROUSSEAU PRES 4/4/01 363-0089

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)