

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005128

1. Entity Name

CHILDREN'S CHARITIES, INC.

Principal Place of Business

7583 BAY COLONY DR.
NAPLES FL 34108

Mailing Address

7583 BAY COLONY DR.
NAPLES FL 34108

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

59-3600036

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

ELKINS, SHIRLENE
7583 BAY COLONY DR.
NAPLES FL 34108

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
NAME ELKINS, SHIRLENE M
STREET ADDRESS 7583 BAY COLONY DR.
CITY-ST-ZIP NAPLES FL 34108 ☐ Delete

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

TITLE D
NAME ELKINS, MARSHALL A
STREET ADDRESS 910 RIDGEBROOK RD.
CITY-ST-ZIP SPARKS MD 21152 ☒ Delete

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

TITLE D
NAME EVANS, ROBERT N
STREET ADDRESS 7583 BAY COLONY DR.
CITY-ST-ZIP NAPLES FL 34108 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS ELKINS, ROBERT N
CITY-ST-ZIP 7583 BAY COLONY DR
NAPLES, FL 34108

TITLE D
NAME TOMLIN, DONALD R JR
STREET ADDRESS 1401 MAIN ST., STE. 825
CITY-ST-ZIP COLUMBIA SC 29201 ☐ Delete

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:

ShirleNE ELKINS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-01

Date

941-592-6384

Daytime Phone #

CR2E037 (10/00)