

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # N99000005917****1. Entity Name**
THE RUTH AND LUKE LEBEAU INTERNATIONAL CHILD RIGHTS LEAGUE, INC.

Principal Place of Business	Mailing Address
9880 GARDENS EAST DR.	9880 GARDENS EAST DR.
PALM BEACH GARDENS FL 334104917	PALM BEACH GARDENS FL 334104917

2. Principal Place of Business	3. Mailing Address
521 EBBTIDE DRIVE	521 EBBTIDE DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
NORTH PALM BEACH FL	NORTH PALM BEACH FL
Zip	Country
33408 US	33408 US

4. FEI Number	Applied For
65-0951938	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LEBEAU JOHN JJR.
9880 GARDENS EAST DR.

PALM BEACH GARDENS FL
334104917

7. Name and Address of New Registered Agent

Name
LEBEAU JOHN JJR.
Street Address (P.O. Box Number is Not Acceptable)
521 EBBTIDE DRIVE

City
NORTH PALM BEACH FL Zip Code
33408

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 JOHN J. LEBEAU, JR.****04/30/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

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**

TITLE	D <input type="checkbox"/> Delete
NAME	SYLVESTER THOMAS R
STREET ADDRESS	4389 WOODLANDS PLACE
CITY-ST-ZIP	CINNINATI OH 45241
TITLE	D <input type="checkbox"/> Delete
NAME	JOHNSON THOMAS A
STREET ADDRESS	907 DALEBROOK DRIVE
CITY-ST-ZIP	ALEXANDRIA VA 22308
TITLE	ED <input type="checkbox"/> Delete
NAME	LEBEAU JOHN JJR.
STREET ADDRESS	9880 GARDENS EAST DR.
CITY-ST-ZIP	PALM BEACH GARDENS FL 334104917
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SYLVESTER THOMAS R
STREET ADDRESS	4389 WOODLANDS PLACE
CITY-ST-ZIP	CINNINATI OH 45241
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON THOMAS A
STREET ADDRESS	907 DALEBROOK DRIVE
CITY-ST-ZIP	ALEXANDRIA VA 22308
TITLE	ED <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEBEAU JOHN JJR.
STREET ADDRESS	521 EBBTIDE DRIVE
CITY-ST-ZIP	NORTH PALM BEACH FL 33408
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)(f), 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: John J. Lebeau, Jr. ED 04/30/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)