

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90067 003 ****61.25

DOCUMENT # N99000006505

1. Entity Name

LET THE CHILDREN PLAY FOUNDATION, INC.

Principal Place of Business

Mailing Address

1717 EAST GULF BEACH DRIVE
 ST. GEORGE ISLAND FL 32328

PO BOX 812
 EASTPOINT FL 32328-0612

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Franklin

Zip

Country

Franklin

4. FEI Number

59-3608214

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KLINE, THOMAS W
1717 EAST GULF BEACH DRIVE
ST. GEORGE ISLAND FL 32328

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

[Handwritten Signature]

Tom Kline

4/25/00

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** Delete
 NAME **KLINE, TERESA S**
 STREET ADDRESS **1717 EAST GULF BEACH DRIVE**
 CITY-ST-ZIP **ST. GEORGE ISLAND FL 32328**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **KLINE, TOM**
 STREET ADDRESS **1717 EAST GULF BEACH DRIVE**
 CITY-ST-ZIP **ST. GEORGE ISLAND FL 32328**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **FRIEDMAN, MARK**
 STREET ADDRESS **PO BOX 896**
 CITY-ST-ZIP **APALACHICOLA FL 32329**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **O' STEEN FRIEDMAN, HEATHER**
 STREET ADDRESS **PO BOX 896**
 CITY-ST-ZIP **APALACHICOLA FL 32329**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **DOYLE, JESSIE**
 STREET ADDRESS **1336 AZALEA DRIVE**
 CITY-ST-ZIP **ST GEORGE ISLAND FL 32328**

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:

[Handwritten Signature]

Teresa S. Kline **4/25/00** **850 927-3165**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)