

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 22, 2001 08:00 AM****Secretary of State****DOCUMENT # N99000007189****1. Entity Name**CHILDREN'S HOME SOCIETY SERVICES OF CENTRAL FLORIDA, I
NC.**Principal Place of Business**

212 PASADENA PL.

ORLANDO
32803

FL

Mailing Address

212 PASADENA PL.

ORLANDO
32803

FL

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**59-3616410**

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**PATRICK JIM
212 PASADENA PLACEORLANDO
32803

FL

US

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

03/22/2001

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****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARROLL MARGARET		NAME	MATTICE DAVID		
STREET ADDRESS	212 PASADENA PLACE		STREET ADDRESS	3027 SAN DIEGO RD., P.O. BOX 10097		
CITY-ST-ZIP	ORLANDO FL 32803		CITY-ST-ZIP	JACKSONVILLE FL 32247		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BUNDY DAVID		NAME	BUNDY DAVID		
STREET ADDRESS	212 PASADENA PLACE		STREET ADDRESS	1485 S. SEMORAN BLVD., SUITE 1448		
CITY-ST-ZIP	ORLANDO FL 32803		CITY-ST-ZIP	WINTER PARK FL 32792		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BUTLER DAN		NAME	CASEL GLEN		
STREET ADDRESS	212 PASADENA PLACE		STREET ADDRESS	212 PASADENA PLACE		
CITY-ST-ZIP	ORLANDO FL 32803		CITY-ST-ZIP	ORLANDO FL 32803		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PATRICK JIM		NAME	PATRICK JIM		
STREET ADDRESS	212 PASADENA PLACE		STREET ADDRESS	1485 S. SEMORAN BLVD, SUITE 1448		
CITY-ST-ZIP	ORLANDO FL 32803		CITY-ST-ZIP	WINTER PARK FL 32792		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			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:**

David Mattice

D

03/22/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)