

2000 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED

May 19, 2000 8:00 am
Secretary of State

04-12-2000 90043 022 ****70.00

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1. Entity Name

CHILDREN'S HOME SOCIETY SERVICES OF SOUTH COAST

Principal Place of Business
**2100, 45TH ST., PARK PLAZA
W. PALM BEACH FL 33407**

Mailing Address
**2100, 45TH ST., PARK PLAZA
W. PALM BEACH FL 33407**

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

65-0978467

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

**MC GEE, AMANDA
3784 S.W. SUNSET TRACE
PALM CITY FL 34990**

Name **Amanda McGee**

Street Address (P.O. Box Number is Not Acceptable)
2100 45th Street, Park Plaza

City **West Palm Beach**

FL

Zip Code
33407

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

TITLE **D** ☐ Delete
NAME **MC GEE, AMANDA**
STREET ADDRESS **3784 S.W. SUNSET TRACE**
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE **D** ☐ Delete
NAME **HUGHES, JOAN**
STREET ADDRESS **2327 CAPTAIN KIDD DR.**
CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE **D** ☐ Delete
NAME **BUNDY, DAVID**
STREET ADDRESS **360 EAGLE CREEK RD.**
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE **D** ☐ Delete
NAME **MATTICE, DAVID**
STREET ADDRESS **252 VILLAGE GREEN AVE.**
CITY-ST-ZIP **JACKSONVILLE FL 32259**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME **Amanda McGee**
STREET ADDRESS **2100 45th Street, Park Plaza**
CITY-ST-ZIP **West Palm Beach, Florida 33407**

TITLE ☒ Change ☐ Addition
NAME **Joan Hughes**
STREET ADDRESS **2100 45th Street, Park Plaza**
CITY-ST-ZIP **West Palm Beach, Florida**

TITLE ☒ Change ☐ Addition
NAME **David Bundy**
STREET ADDRESS **2100 W45th Street, Park Plaza**
CITY-ST-ZIP **West Palm Beach, Florida 33407**

TITLE ☒ Change ☐ Addition
NAME **David Mattice**
STREET ADDRESS **2100 45th Street, Park Plaza**
CITY-ST-ZIP **West Palm Beach, Florida 33407**

TITLE ☐ Change ☐ Addition
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)