

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000056129

1. Entity Name

CHILDREN OF AMERICA, INC.

Principal Place of Business

751 PARK OF COMMERCE DRIVE STE 108
BOCA RATON FL 33487

Mailing Address

751 PARK OF COMMERCE DRIVE STE 108
BOCA RATON FL 33487-3082

2. Principal Place of Business

2700 N. Military Trail

Suite, Apt. #, etc.

100

City & State

Boca Raton, FL

Zip
33431

Country

USA

3. Mailing Address

2700 N. Military Trail

Suite, Apt. #, etc.

100

City & State

Boca Raton, FL

Zip
33431

Country

USA

6. Name and Address of Current Registered Agent

SMITH, DENNIS D
110 SE 6 STREET 15 FL
FT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution.

☐

\$5.00 May Be

Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CBEC
PRYOR, THAD
751 PARK OF COMMERCE DR
BOCA RATON FL 33487 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
PAYNE, ANGELA
7905 S INDIAN RIVER DR
FORT PIERCE FL 34982 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
RILEY, DARLEN
223 SW 25 AVE
BOYNTON BEACH FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90025 047 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0847351

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

0.4 (1/1/99)