2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # **P98000081611** May 03, 2000 8:00 am Secretary of State THE CHILDREN'S LIGHTHOUSE, INC. 05-03-2000 90117 027 ***158.75 Principal Place of Business Mailing Address 2545 E SUNRISE BLVD 760 E MCNAB ROAD POMPANO BEACH FL 33060 SUITE 235 FT LAUDERDALE FL 33304-3203 3. Mailing Address 2. Principal Place of Business 11950 NW SIME Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE SUITE City & State City & State 4. FEI Number Applied For 65-0863342 CORAL SPRINGS Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 3065 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BURSON SWANN, KIMBERLI (P.O. Box Number is Not 2545 E SUNRISE BLVD SUITE 235 SWITE D FT LAUDERDALE FL 33304 8. The above name entity submits this statement for the gurgose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition DPST Delete TITLE TITLE SWANN, KIMBERLI L NAME NAME STREET ADDRESS STREET ADDRESS 2545 E SUNRISE BLVD #235 CITY-ST-ZIP CITY-ST-7IP FT LAUDERDALE FL 33304 DPST Addition ☐ Change TITLE Delete TITLE ERNEST N. BURSON III NAME NAME 2825 CORAL SHORES DR STREET ADDRESS STREET ADDRESS FORT LANDERDALE, FL 33306 CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.