

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90141 006 ****70.00

DOCUMENT # 704158

1. Entity Name

LINCOLN PARK CHILD CARE CENTER, INC.

Principal Place of Business

Mailing Address

1306 AVE 'O'
 FT. PIERCE FL 34950
 US

1306 AVE 'O'
 FT. PIERCE FL 34950-2167
 US

2. Principal Place of Business

1306 Ave O

Suite, Apt. #, etc.

3. Mailing Address

1306 Ave O

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FT. PIERCE FLA

City & State

4. FEI Number

59-1276624

Applied For

Not Applicable

Zip

Country

34950

Zip

Country

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**GRISBY, HORATIO JR.
 1306 AVE 'O'
 FORT PIERCE FL 34950**

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

Horatio Grisby Jr. *Horatio Grisby Jr.* **JAN 14 / 2000**

**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	PD	<input type="checkbox"/> Delete
NAME	GRISBY, HORATIO, JR.	
STREET ADDRESS	1306 AVE O	
CITY-ST-ZIP	FORT PIERCE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MIDDLETON, CLEON	
STREET ADDRESS	1603 N 14TH ST	
CITY-ST-ZIP	FORT PIERCE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	COX, ALBERTA	
STREET ADDRESS	532 MEANS CT.	
CITY-ST-ZIP	FORT PIERCE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WILLIAMS, PAULINE	
STREET ADDRESS	425 N. 13TH ST	
CITY-ST-ZIP	FORT PIERCE FL	
TITLE	D,	<input type="checkbox"/> Delete
NAME	EDWARD, ERNEST	
STREET ADDRESS	1609 AVE 'S'	
CITY-ST-ZIP	FORT PIERCE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Horatio Grisby Jr.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 14 - 2000 561-464-5631
 Date Daytime Phone #