

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **704158**

1. Entity Name

LINCOLN PARK CHILD CARE CENTER, INC.

Principal Place of Business

1400 AVENUE "M"
FORT PIERCE, FL 34950
USA

Mailing Address

2601 AVENUE "I"
FORT PIERCE, FL 34947
USA

FILED

01 SEP 18 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

1400 AVENUE "M"
Suite, Apt. #, etc.
N/A

3. Mailing Address

2601 AVENUE "I"
Suite, Apt. #, etc.
N/A

DO NOT WRITE IN THIS SPACE

City & State

FORT PIERCE, FL

City & State

FORT PIERCE, FL

4. FEI Number

59-1276624

Applied For

Not Applicable

Zip

34950

Country

USA

Zip

34947

Country

USA

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

FENN, HAVERT L.
2601 AVENUE "I"
FORT PIERCE, FL 34947

Name

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

300004609733-0

09/25/01-01017-017

City

*****61.FL *****81.25

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

Havert L. Fenn

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/14/2001

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 Delete
NAME GRISBY, HORATIO, JR.
STREET ADDRESS 1306 AVENUE "O"
CITY-ST-ZIP FORT PIERCE, FL 34950

TITLE VD Delete
NAME MIDDLETON, CLEON
STREET ADDRESS 1604 NORTH 14TH STREET
CITY-ST-ZIP FORT PIERCE, FL 34950

TITLE SD Delete
NAME COX, ALBERTA
STREET ADDRESS 532 MEANS COURT
CITY-ST-ZIP FORT PIERCE, FL 34950

TITLE TD Delete
NAME BENNETT, LEROY, JR.
STREET ADDRESS 2101 VALENCIA AVENUE
CITY-ST-ZIP FORT PIERCE, FL 34946

TITLE SECY, HAVERT L. FENN, HAVERT L.
NAME FENN, HAVERT L.
STREET ADDRESS 2601 AVENUE "I"
CITY-ST-ZIP FORT PIERCE, FL 34947

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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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:

Havert L. Fenn

HAVERT L. FENN

9-1-2001

(561) 461-7336

CR2E037 (11/00)