2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711090

1. Entity Name

COMMUNITY PRIDE CHILD CARE CENTER OF CLEARWATER,

FILED
Mar 23, 2000 8:00 am
Secretary of State
03-23-2000 90016 012 ****70.00

Principal Place of Business	Mailing Address
1235 HOLT AVE CLEARWATER FL 33755 US	1235 HOLT AVE CLEARWATER FLA 33755-3310 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
314 S. Missouri Ave	314 S. Missouri Ave
Suite, Apt. #, etc.: #312	Suite, Apt. #, etc.: #312
City & State: Clearwater	City & State: Clearwater
Zip: 33756 Country: Pinellas	Zip: 33756 Country: Pinellas

4. FEI Number: 59-0908144 ☐ 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
SKELTON, MARTHA 1198 ROLLING OAKS AVE TARPON SPRINGS FL 34689	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

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORRIS, CHRISTINE N 1044 N MADISON AVE CLEARWATER, FL 00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SKELTON, MARTHA M 1198 ROLLING OAKS AVE TARPON SPRINGS FL 34689	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAMPBELL, GLORIA 1077 WEATHERSFIELD DR DUNEDIN FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P YOUNG, ROBERT 1091 WEATHERFIELD DR. DUNEDIN FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STONOM, MARGIE 1258 SEMINOLE ST CLEARWATER, FL 00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MURRAY, MARLENE 806 N JEFFERSON CLEARWATER FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E017 (1/00)

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: Martha M. Skelton 3-2-00 (727) 443-2218

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #