## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 18, 2002 8:00 am § Secretary of State DOCUMENT # 711090 1. Entity Name COMMUNITY PRIDE CHILD CARE CENTER OF CLEARWATER, 04-18-2002 90359 007 \*\*\*\*70.00 INC: Principal Place of Business Mailing Address 314 S.:MISSOURI AVE. #212 314 S. MISSOURI AVE. (#212 CLEARWATER FL 33756 CLEARWATER FL 33756 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 0 City & State City & State 4. FEI Number Applied For 59-0908144 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 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) SKELTON, MARTHA 1198 ROLLING OAKS AVE TARPON SPRINGS FL 34689 City Zip Code FL 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. Election Campaign Financing Make Check Payable to **\$5.00** May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE ☐ Addition MORRIS. CHRISTINE N NAME NAME STREET ADDRESS 1044 N MADISON AVE STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 00000 CITY-ST-ZIP Delete TITI F Secretary ☐ Change Addition SKELTON, MARTHA M NAME Loon Travil NAME STREET ADDRESS 1198 ROLLING OAKS AVE 1006 myndhom way STREET ADDRESS CITY-ST-ZIP tarpon springs fl 34689 CiTY-ST-7IP Gatety Harbor, Fl 34695 TITLE ☐ Delete TITLE ☐ Change ☐ Addition CAMPBELL, GLORIA NAME NAME STREET ADDRESS 1077 WEATHERSFIELD DR STREET ADDRESS CITY-ST-ZIP Dunedin Fl CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition YOUNG, ROBERT NAME NAME STREET ADDRESS 1091 Weatherfield Dr. STREET ADDRESS CITY-ST-7IP DUNEDIN FL CITY-ST-ZIP TITLE Vice-President Delete TITLE Change **Addition** Rita Garvey 1550 Ridge wood St. STONOM, MARGIE NAME NAME STREET ADDRESS 1258 SEMINOLE ST STREET ADDRESS CITY-ST-7IP CLEARWATER, FL 00000 CITY-ST-ZIP FL 33755 leonwater Delete TITLE reasures Change Addition NAME MURRAY, MARLENE NAME STREET ADDRESS Northridge Dr 806 N JEFFERSON STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL FL 33761

FILED

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:

\*\*Auto: Auto: A