# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jan 24, 2000 8:00 am**
**Secretary of State**
01-24-2000 90093 034 ****61.25

DOCUMENT # 733411

905067

DO NOT WRITE IN THIS SPACE

1. Entity Name

AVON PARK COMMUNITY CHILD DEVELOPMENT CENTER, IN

| Principal Place of Business | Mailing Address |
|---|---|
| 800 S DELANEY<br>AVON PARK FL 33825<br>US | 800 S DELANEY<br>AVON PARK FL 33825-4124<br>US |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 51-0182725 ☐ 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 |
|---|---|
| FURR, SHIRLEY /Roberts<br>92 LAKE BYRD BLVD.<br>AVON PARK FL 33825 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 | VP<br>OPPALD, AL<br>500 NORTH DELONEY<br>AVON PARK FL 33825 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>Bernaline Clarke<br>113 E. Bell St Apt 2<br>Avon Park, FL 33825 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>EDGE, JAMIE<br>40 E WOLF<br>AVON PARK, FL 00000 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>Diane Stonsell<br>3323 Grand Prix Dr.<br>Sebring, FL 33870 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>FURR, SHIRLEY /Roberts<br>92 LAKE BYRD BLVD<br>AVON PARK, FL 00000 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | [redacted] | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BURCH, BETTY<br>67 LAKE DAMON DR<br>AVON PARK, FL 00000 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>TURNBALL, MARGARET<br>2011 LAKE LOTELA<br>AVON PARK FL 33825 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MCKENZIE, T V BUDDY<br>1151 E LOTELA<br>AVON PARK FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (9/99)

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:** S/ Shirley Furr /Roberts 1/13/00 863-452-1069
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #