

2001 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
Apr 10, 2001 8:00 am
Secretary of State

03-26-2001 90083 016 ****61.25

DOCUMENT # 735843

1. Entity Name

R'CLUB CHILD CARE, INC.

Principal Place of Business

Mailing Address

**9550 16TH ST NORTH
ST PETERSBURG FL 37716**

**9550 16TH ST NORTH
ST PETERSBURG FL 37716**

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

59-1704870

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

**MANN, CHARLES
9550 16TH STREET NORTH
ST PETERSBURG FL 37716**

Name **Lee Romig**

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

9550 16th Street North

City

St. Petersburg

FL

Zip Code
33716

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

Lee Romig, President

Lee Romig, President

3/22/01

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 **TD** ☐ Delete
NAME **MORIARTY, THOMAS**
STREET ADDRESS **8550 ULMERTON RD, STE 101**
CITY-ST-ZIP **LARGO FL 33771**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **VD** ☐ Delete
NAME **ROMIG, LEE**
STREET ADDRESS **634 2ND AVE SOUTH**
CITY-ST-ZIP **ST PETERSBURG FL 33701**

TITLE **President/Director** ☒ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **P/D** ☐ Delete
NAME **MANN, CHARLES**
STREET ADDRESS **1997 STANTON AVENUE**
CITY-ST-ZIP **LARGO FL 33770**

TITLE **Past President/Director** ☒ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **SD** ☐ Delete
NAME **MARTINO, LEE**
STREET ADDRESS **410 CENTRAL AVE**
CITY-ST-ZIP **SAINT PETERSBURG FL 33701**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME **Vice President/Director**
STREET ADDRESS **Elizabeth Woods**
CITY-ST-ZIP **6130 Kipps Colony Drive West**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME **Gulfport, Florida**
STREET ADDRESS **33707**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Lee Romig, President

Lee Romig, President

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)