

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90221 043 ****61.25

DOCUMENT # 735843

1. Entity Name

R'CLUB CHILD CARE, INC.



Principal Place of Business

**9550 16TH ST NORTH
ST PETERSBURG FL 33716**

Mailing Address

**9550 16TH ST NORTH
ST PETERSBURG FL 33716**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

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

**ROMIG, LEE
9550 16TH STREET NORTH
ST PETERSBURG FL 33716**

7. Name and Address of New Registered Agent

Name **Woods, Elizabeth**
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Thomas R. Moriarty, Vice President Thomas Moriarty January 23, 2003
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	TD	☒ Delete
NAME	MORIARTY, THOMAS	
STREET ADDRESS	8550 ULMERTON RD, STE 101	
CITY-ST-ZIP	LARGO FL 33771	
TITLE	PD	☒ Delete
NAME	ROMIG, LEE	
STREET ADDRESS	634 2ND AVE SOUTH	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE	PPD	☒ Delete
NAME	MANN, CHARLES	
STREET ADDRESS	1997 STANTON AVENUE	
CITY-ST-ZIP	LARGO FL 33770	
TITLE	SD	☒ Delete
NAME	MARTINO, LEE	
STREET ADDRESS	410 CENTRAL AVE	
CITY-ST-ZIP	SAINT PETERSBURG FL 33701	
TITLE	VPD	☒ Delete
NAME	WOODS, ELIZABETH	
STREET ADDRESS	6130 KIPPS COLONY DRIVE WEST	
CITY-ST-ZIP	GULFPORT FL 33707	
TITLE		☒ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	☒ Change ☐ Addition
NAME	Jerger, Tom	
STREET ADDRESS	5900 98th Avenue North	
CITY-ST-ZIP	Pinellas Park, FL 33782	
TITLE	PD	☒ Change ☐ Addition
NAME	Woods, Elizabeth	
STREET ADDRESS	6130 Kipps Colony Drive West	
CITY-ST-ZIP	Gulfport, FL 33707	
TITLE	PPD	☒ Change ☐ Addition
NAME	Romig, Lee	
STREET ADDRESS	634 2nd Avenue South	
CITY-ST-ZIP	St. Petersburg, FL 33701	
TITLE	SD	☒ Change ☐ Addition
NAME	Sekeres, Pam	
STREET ADDRESS	8138 Cottonwood Court	
CITY-ST-ZIP	Seminole, FL 33776	
TITLE	VPD	☒ Change ☐ Addition
NAME	Moriarty, Thomas	
STREET ADDRESS	8550 Ulmerton Road, Suite 101	
CITY-ST-ZIP	Largo, FL 33771	
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:

Thomas Moriarty
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/03
Date

727-299-1837
Daytime Phone #

CR2E037 (10/02)