

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38335

1. Entity Name

FLORIDA SCHOOL-AGE CHILD CARE COALITION, INC.

Principal Place of Business

Mailing Address

% CAROL GIBSON
7216 MATCHETT RD
ORLANDO FL 32809
US

5 CAROL GIBSON
P O BOX 590042
ORLANDO FL 32859-0042
US

2. Principal Place of Business

3. Mailing Address

FSACCC

FSACCC

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PO Box 590042

PO Box 590042

City & State

City & State

Orlando, FL

Orlando, FL

Zip

Zip

32859-0042 Orlando

32859-0042 Orange

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GIBSON, CAROL
7216 MATCHETT RD
ORLANDO FL 32809

Name JUDY NEE

Street Address (P.O. Box Number if Not Applicable)

8487 155th Place N.
Palm Beach Gardens, FL 33418

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 *Judith N. Nee*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/10/00

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 D
NAME NEE, JUDY
STREET ADDRESS 140 YACHT CLUB WAY #208
CITY-ST-ZIP HYPOLEXO FL 33462 ☐ Delete

TITLE PD
NAME NEE, JUDY
STREET ADDRESS 8487 155th Place N.
CITY-ST-ZIP Palm Beach Gardens, FL 33418 ☒ Change ☐ Addition

TITLE D
NAME MUELLER, TOM
STREET ADDRESS 2214 E. HENRY AVE
CITY-ST-ZIP TAMPA FL ☒ Delete

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

TITLE PD
NAME FABER, JENNIFER
STREET ADDRESS 3625 FOWLER ST
CITY-ST-ZIP FT MYERS FL ☐ Delete

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

TITLE DS
NAME TALUGA, KATE
STREET ADDRESS 2003 APALACHEE PKWY #206
CITY-ST-ZIP TALLAHASSEE FL ☒ Delete

TITLE DS
NAME Helde, Rhonda
STREET ADDRESS 200 Lozachee
CITY-ST-ZIP Jupiter, FL 33458 ☐ Change ☒ Addition

TITLE TD
NAME KOENIG, DIANE
STREET ADDRESS 12050 E COLONIAL DR
CITY-ST-ZIP ORLANDO FL 32836 ☐ Delete

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

TITLE VPD
NAME CATHEY, BETH
STREET ADDRESS 3625 FOWLER ST.
CITY-ST-ZIP FT. MYERS FL ☒ Delete

TITLE VPD
NAME Brookbank, Anna
STREET ADDRESS 9241 Sweden Blvd.
CITY-ST-ZIP Punta Gorda, FL 33982 ☐ 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:

Judith N. Nee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/00

Date

561-741-4641
Daytime Phone #

CR2E037 (9/99)