

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

DOCUMENT # N38335

1. Entity Name

Florida School Age Child Care Coalition, Inc.



80080697

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9550 16th St. N.

3. Mailing Address
P.O. Box 20425

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
St. Petersburg, FL

City & State
St. Petersburg, FL

4. FEI Number
59-3062864

Applied For
Not Applicable

Zip
33716

Country
USA

Zip
33742

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Elizabeth H. Fulmer

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

1596 Indian Dance Ct.

City
Maitland

FL Zip Code
32751

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

Elizabeth H. Fulmer

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

(NOTE: Registered Agent signature required when reinstating)

May 1, 2003

DATE

FEE IS \$61.25

Initial or Amended UBR

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
NAME
STREET ADDRESS
CITY-ST-ZIP
President - Director D
Mary Lee Johnson
600 SE 3rd Avenue, 6th Floor
Fort Lauderdale FL 33301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President - Director D
Jennifer Faber
6973 Kimberly Terrace
Ft Myers FL 33919

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Treasurer - Director D
Elizabeth H. Fulmer
1596 Indian Dance Ct.
Maitland FL 32751

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary - Director D
Susan Dell Beevers
5226 Camelot Forest Drive
Jacksonville FL 32202

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
First Vice President - Director D
Debra Ballinger
9550 16th Street, North
St Petersburg FL 33716

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Elizabeth H. Fulmer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 1, 2003

Date Daytime Phone #

CR2E037B (12/02)