

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2001 8:00 am
Secretary of State

01-27-2001 90083 007 ****70.00

DOCUMENT # N95000005493

1. Entity Name

NEWBERRY COMMUNITY DAY CARE CENTER, INC.

Principal Place of Business

**24505 NEWBERRY LANE
 NEWBERRY FL 32669**

Mailing Address

**POST OFFICE BOX 144
 NEWBERRY FL 32669**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1356075

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCCLAIN-FRANKLIN, ELAINE
 13712 NW C.R. 235
 ALACHUA FL 32615**

Name

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

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

Elaine McClain Franklin

1-18-01

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 Delete
 NAME **CD
 MCCLAIN-FRANKLIN, ELAINE**
 STREET ADDRESS **13712 NW CR 235**
 CITY-ST-ZIP **ALACHUA FL 32615**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD
 HENRY, BARBARA**
 STREET ADDRESS **1001 SW 143 STREET**
 CITY-ST-ZIP **NEWBERRY FL 32669**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD
 ISLAR, MAE**
 STREET ADDRESS **24434 NEWBERRY LANE**
 CITY-ST-ZIP **NEWBERRY FL 32669**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **MD
 MCCRAY, MARIE**
 STREET ADDRESS **403 N.W. 245 TERRACE**
 CITY-ST-ZIP **NEWBERRY FL 32669**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Elaine McClain Franklin
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/01 *352-472-2306*
 Date Daytime Phone #

01370

CR2E037 (10/00)