

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90133 019 \*\*\*\*61.25

**DOCUMENT # N96000006211**

1. Entity Name

**FLORIDA COMMUNITY COLLEGE EARLY CHILDHOOD EDUCAT**

Principal Place of Business

Mailing Address

**PENSACOLA JUNIOR COLLEGE DEPT OF BEHAVIORA  
 1000 COLEGE BOULEVARD  
 PENSACOLA FL 32504**

**PENSACOLA JUNIOR COLLEGE DEPT OF BEHAVIORA  
 1000 COLEGE BOULEVARD  
 PENSACOLA FL 32504-8910**

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

**59-3437446**

Applied For

Not Applicable

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

**WERRE, BETSY  
 PENSACOLA JUNIOR COLLEGE  
 1000 COLEGE BOULEVARD  
 PENSACOLA FL 32504**

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

*Elizabeth M. Werre*

*4-26-00*

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CAMERIN, ELAINE M</b> <b>1200 W. INTERNATIONAL SPEEDWAY BLVD</b> <b>DAYTONA BEACH FL 32114</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>JAMERSON, MARY</b> <b>SFCC 3000 NW 83RD ST</b> <b>GAINESVILLE FL 32606</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>VENSEL, CYNDI S</b> <b>PO BOX 1849, 5840 26TH STREET WEST</b> <b>BRADENTON FL 34206</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HALSALL, SHAREN W</b> <b>SANTA FE CC, 3000 NW 83RD ST</b> <b>GAINESVILLE FL 32606</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>E</b> <b>JURIE, CINDY</b> <b>100 WELDON BLVD</b> <b>SANFORD FL 32773</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <b>Roberta Elliott</b> <b>8240 Alderman Road</b> <b>Melrose, FL 32666</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>Mary Beth Kyle</b> <b>CFCC, 3001 S.W. College</b> <b>Ocala, FL 32678</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Victoria Candelora</b> <b>BCC, 3865 N. Wickham Road</b> <b>Melbourne, FL 32935</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Peggy Moreno</b> <b>PBCC, 3160 PGA Boulevard</b> <b>Palm Beach Gardens, FL 33410</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Elizabeth M. Werre*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5/3/00*  
 Date

*9042558131 x3737*  
 Daytime Phone #

CR2E037 (9/99)