

2003 **UNIFORM BUSINESS REPORT (UBR)**

0087633

DOCUMENT # N96000006211

1. Entity Name

FLORIDA COMMUNITY COLLEGE EARLY CHILDHOOD EDUCATORS' NETWORK, INC.

FILED

03 MAY -8 PM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

CENTRAL FLORIDA COMMUNITY COLLEGE
3001 SW COLLEGE ROAD
OCALA FL 34474

CENTRAL FLORIDA COMMUNITY COLLEGE
3001 SW COLLEGE ROAD
OCALA FL 34474

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3437446

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KYLE, MARYBETH
3001 SW COLLEGE ROAD
OCALA FL 34474

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

Marybeth Kyle

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

(NOTE: Registered Agent signature required when reinstating)

4/22/03

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: CAMERIN, ELAINE M
STREET ADDRESS: 1200 W. INTERNATIONAL SPEEDWAY BLVD
CITY-ST-ZIP: DAYTONA BEACH FL 32114 Delete

TITLE: Sandy Hightower
NAME: Polk Community College
STREET ADDRESS: 999 Avenue H. N.E.
CITY-ST-ZIP: Winter Haven, FL 33881-4299 Change Addition

TITLE: DT
NAME: KYLE, MARY B
STREET ADDRESS: CFCC, 3001 SW COLLEGE
CITY-ST-ZIP: Ocala FL 32878 Delete

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank] Change Addition

TITLE: D
NAME: CANDELORA, VICTORIA
STREET ADDRESS: BCC 3885 N. WICKHAM RD
CITY-ST-ZIP: MELBOURNE FL 32935 Delete

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: 800018475008
CITY-ST-ZIP: 05/03/03--01014--011 ***61.25 Change Addition

TITLE: S
NAME: GARMAN, MARCIA
STREET ADDRESS: HCC, PO BOX 5096
CITY-ST-ZIP: TAMPA FL 33675-5096 Delete

TITLE: TS
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank] Change Addition

TITLE: D
NAME: PASQUALE, LAUREN
STREET ADDRESS: PBCC, 3000 SAINT LUCIE AVE
CITY-ST-ZIP: BOCA RATON FL 33431 Delete

TITLE: Cameron, Elaine M.
NAME: [Blank]
STREET ADDRESS: 1200 W. International Speedway Blvd
CITY-ST-ZIP: Daytona Beach, FL 32114 Change Addition

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank] Delete

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank] 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03 352-854-2322
Date Daytime Phone #

CR2E037 (9/01)