2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

FILED Mar 07, 2002 8:00 am Secretary of State DOCUMENT # **N97000002582** WATOTO CHILD CARE MINISTRY, INC. 03-07-2002 90006 027 ****61.25 Mailing Address Principal Place of Business 4415 FLORIDA NATIONAL DR P.O. BOX 7547 LAKELAND FL 33807 SUITE 204 LAKELAND FL 33813 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3445250 Not Applicable \$8.75 Additional Zip Country Zip Country Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) BEESLEY, GARY H 1325 VALLEY PINE CIRCLE APOPKA FL 32712 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Pavable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition Change PD TITLE ☐ Delete TITLE SKINNER, GARY M NAME NAME STREET ADDRESS 1002 SOUTHLAWN DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PETERBOROUGH, ONTARIO CANAD ☐ Addition ☐ Delete TITLE Change TITLE BEESLEY, GARY H NAME NAME STREET ADDRESS STREET ADDRESS .1325 VALLEY PINE CIRCLE CITY-ST-ZIP CITY-ST-7IP APOPKA FL 32712 STD 🖃 Delete -TITLE TITLE_ LAIRD, RAYMOND NAME NAME STREET ADDRESS STREET ADDRESS 10095 PARADISE BLVD. CITY-ST-ZIP CITY-ST-ZIP TREASURE ISLAND FL 33706 ☐ Change ☐ Addition TITLE Delete TITLE NAME SOHNCHEN, RANDY NAME STREET ADDRESS 6745 CENTURY AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MISSISSAUGA ON CANADA ☐ Change Addition ☐ Delete TITLE TIT) F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

BRITAMMY Bancroft 2-21-02

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BATCH COVER SHEET

Please circle one

AMOUNT	PAYEE ON CHECK
	YOUR BANK
	FLORIDA DEPT. OF REVENUE
	U.S. TREASURY
	FLORIDA UNEMPLOYMENT COMP. FUND
6/25	DEPARTMENT OF STATE

WATOTO CHILD CARE

TAX REPORT & PAYMENT NOTICE

Tax report for the purpose indicated is attached. Please sign the report when space is provided and mail with your check on or before:

__ or deposit at a bank by _

	PURPOSE
	STATE SALES TAX
	FED. PAYTOLL TAX DEPOSIT
	QLTY, STATE UNEMP, TAX
	ANNUAL FED. UNEMP. TAX
	ESTIMATED INCOME TAX
X	ANNUA REPORT

Date:

Initials: