

2000 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
May 03, 2000 8:00 am
Secretary of State

04-10-2000 90053 012 ****61.25

DOCUMENT # N99000006920

1. Entity Name

SUNSHINE AFTER SCHOOL CHILD CARE, INC.

Principal Place of Business

Mailing Address

6741 ORANGE DR.
 DAVIE FL 33314

6741 ORANGE DR.
 DAVIE FL 33314

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Broward

Zip

Country

Broward

4. FEI Number

65-0978444

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

GOTTLIEB, BRUCE M ESQ
 125 N. 46TH AVE.
 HOLLYWOOD FL 33021-6601

7. Name and Address of New Registered Agent

Name: **DOUGHTY, JANICE**
 Street Address (P.O. Box Number is Not Acceptable): **6741 ORANGE DRIVE**
 City: **DAVIE** FL **33314**

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: Janice Doughty Janice Doughty (President/CEO) April 18, 2000
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President / CEO Janice Doughty 6741 Orange Drive Davie, Florida 33314	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary / Director Michael Merino 6745 Orange Drive Davie, Florida 33314	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer / Director George H. Friedman 5481 Funston Street Hollywood, Florida 33023	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Craig Doughty 6741 Orange Drive Davie, Florida 33314	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Janice Doughty SIGNATURE REQUIRED Janice Doughty (President/CEO) April 18, 2000 (954) 316-8940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 Cell (954) 295-2267

CR2E037 (9/99)