

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90034 049 ****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

00044202



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

9120 GRIFFIN ROAD
 Suite, Apt. #, etc.

9120 GRIFFIN ROAD
 Suite, Apt. #, etc.

City & State

City & State

COOPER CITY, FLORIDA

COOPER CITY, FLORIDA

4. FEI Number

65-0978444

Applied For

Not Applicable

Zip

Country

33328 BROWARD

Zip

Country

33328 BROWARD

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

DOUGHTY, JAMEE Janice
 6741 ORANGE DRIVE
 DAVIE FL 33314

(Collection Misplaced)

Name

DOUGHTY JANICE

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

9120 GRIFFIN ROAD

City

COOPER CITY

FL

Zip Code

33328

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

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: PCEO
 NAME: DOUGHTY, JANICE
 STREET ADDRESS: 6741 ORANGE DRIVE
 CITY-ST-ZIP: DAVIE FL 33314
 Delete

TITLE: PCEO
 NAME: DOUGHTY, JANICE
 STREET ADDRESS: 9120 GRIFFIN ROAD
 CITY-ST-ZIP: COOPER CITY, FLORIDA 33328
 Change Addition
 (Address only)

TITLE: SD
 NAME: MERION, MICHAEL
 STREET ADDRESS: 6745 ORANGE DRIVE
 CITY-ST-ZIP: DAVIE FL 33314
 Delete

TITLE: SD
 NAME: MERINO, MICHAEL
 STREET ADDRESS: (SAME)
 CITY-ST-ZIP: (SAME)
 Change Addition
 (MIS-SPELLED NAME)

TITLE: TD
 NAME: FRIEDMAN, GEORGE H
 STREET ADDRESS: 5981 FUNSTON STREET
 CITY-ST-ZIP: HOLLYWOOD FL 33023
 Delete

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

TITLE: D
 NAME: DOUGHTY, CRAIG
 STREET ADDRESS: 6741 ORANGE DRIVE
 CITY-ST-ZIP: DAVIE FL 33314
 Delete

TITLE: D
 NAME: DOUGHTY, CRAIG
 STREET ADDRESS: 9120 GRIFFIN ROAD
 CITY-ST-ZIP: COOPER CITY, FLORIDA 33328
 Change Addition
 (Address only)

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

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) JANICE DOUGHTY
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Janice Doughty, President 4/05/01 (954) 272-0605
 Date Daytime Phone #

CR2E037 (10/00)