

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90156 001 \*\*\*150.00  
 05-11-2000 90156 002 \*\*\*\*\*8.75

**13695**



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P93000049831**

1. Entity Name  
**ALPHABET GANG CHILDCARE, INC.**

Principal Place of Business 3615 N PINEHILLS ROAD ORLANDO FL 32808	Mailing Address 3615 N PINEHILLS ROAD ORLANDO FL 32808-2837
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2. Principal Place of Business 3615 N Pine Hills Rd Suite, Apt. #, etc.	3. Mailing Address Same Suite, Apt. #, etc.
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City & State ORL, FL	City & State
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4. FEI Number 59-3201538	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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Zip 32808	Country Orange	Zip 32808	Country Orange
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  
**SCHAFFER, NANCY J**  
**3615 N PINEHILLS ROAD**  
**ORLANDO FL 32818**

7. Name and Address of New Registered Agent  
 Name Nancy J Schaffer  
 Street Address (P.O. Box Number is Not Acceptable)  
3615 N Pine Hills Rd  
 City Orlando FL Zip Code 32808

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 Nancy J Schaffer DATE 4-27-2000  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHAFFER, NANCY J 3615 N PINEHILLS RD ORLANDO FL 32808 <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowerments.  
 SIGNATURE: Nancy J Schaffer Director DATE 4-27-2000 Daytime Phone # 407 291-8071  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR