FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 20 PM 1:15

DOCUMENT # 727488 (9)

1. Corporation Name

UM/CANTERBURY CHILD CARE CENTER, INC.

Principal Place of Business	Mailing Address
1150 STANFORD DR CORAL GABLES FL 33146	1150 STANFORD DR CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/19/1973
3a. Date of Last Report: 01/27/1994
4. FEI Number: 59-1489157 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

9. Name and Address of Current Registered Agent

ROSENDAHL, SUSAN A.
601 VILLABELLA AVENUE
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	SYREN, ROBERT	1.2 NAME	
STREET ADDRESS	1018 UNGAR BLDG.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	
TITLE	DS	2.1 TITLE	☒ Change ☐ Addition
NAME	TUTHILL, KIM	2.2 NAME	DS
STREET ADDRESS	7515 SW 54TH AVE.	2.3 STREET ADDRESS	Gaustad, Ruth
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	293 NW 92nd Ave Coral Springs, FL
TITLE	DT	3.1 TITLE	☒ Change ☐ Addition
NAME	HASSLER, THOMAS J.	3.2 NAME	DT
STREET ADDRESS	3783 SW 27TH ST.	3.3 STREET ADDRESS	Hassler, Thomas J.
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	3406 Segovia St. Coral Gables, FL
TITLE	D	4.1 TITLE	☒ Change ☐ Addition
NAME	GAUSTAD, RUTH	4.2 NAME	D
STREET ADDRESS	8120 S.W. 103 AVE.	4.3 STREET ADDRESS	Fairbairn, Garth
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	8001 SW 52nd Ave. Miami, FL
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	VAUGHN, NANCY JO	5.2 NAME	
STREET ADDRESS	13220 SW 98TH PL.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	THOMAS, DR. ROOSEVELT J	6.2 NAME	
STREET ADDRESS	101 OROVITZ BLDG.	6.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert M. Syren ROBERT M. SYREN 1/11/95 (305) 284-3980
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0006176