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Jan 28 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 727488 (9)

1. Corporation Name

UM/CANTERBURY CHILD CARE CENTER, INC.

Principal Place of Business

1150 STANFORD DR
CORAL GABLES FL 33146

Mailing Address

1150 STANFORD DR
CORAL GABLES FL 33146-2002



3. Date Incorporated or Qualified
09/19/1973

3a. Date of Last Report
01/26/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

59-1489157

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSENDAHL, SUSAN A.
605 PORTIA CIRCLE
KEY LARGO FL 33037

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Susan A. Rosendahl

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	SYREN, ROBERT	
STREET ADDRESS	1018 UNGAR BLDG.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	FAIRBAIRN, GARTH	
STREET ADDRESS	8001 SW 52ND AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	HASSLER, THOMAS J.	
STREET ADDRESS	3783 SW 27TH ST	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	A	<input type="checkbox"/> DELETE
NAME	CORBISHLEY, REV. FRANK J	
STREET ADDRESS	1150 STANFORD DR.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VAUGHN, NANCY JO	
STREET ADDRESS	13220 SW 98TH PL.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THOMAS, DR. ROOSEVELT J	
STREET ADDRESS	101 OROVITZ BLDG.	
CITY-ST-ZIP	CORAL GABLES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Beamish, Cynthia	
1.3 STREET ADDRESS	5800 SW 108 Street	
1.4 CITY-ST-ZIP	Miami, FL	
2.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Uitvlugt, Kathy	
2.3 STREET ADDRESS	5863 SW 77 Ave	
2.4 CITY-ST-ZIP	Miami, FL	
3.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Hassler, Thomas J.	
3.3 STREET ADDRESS	414 Giralda Ave.	
3.4 CITY-ST-ZIP	Coral Gables, FL 33134	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Chapman, Cheryl	
5.3 STREET ADDRESS	1790 S. Treasure Drive #4A	
5.4 CITY-ST-ZIP	N. Bay Village, FL 33141	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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

Sandra B. Mortham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15 January 1997
Date

Daytime Phone # 0030437

CR2E037 (9/96)