

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90002 009 ****61.25

004100

DOCUMENT # 702284

1. Entity Name

SPIRIT OF CHRIST CHILD DEVELOPMENT CENTER, INC.

Principal Place of Business

Mailing Address

**18801 W. DIXIE HIGHWAY
 MIAMI FL 33180**

**18801 W. DIXIE HIGHWAY
 MIAMI FL 33180**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1024806

Applied For

☒ Not Applicable

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

Name

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

City

FL

Zip Code

**LAMB, REGINA T
 18801 WEST DIXIE HIGHWAY
 N MIAMI BEACH, FL
 NORTH MIAMI BEACH FL 33180**

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 NAME STREET ADDRESS CITY-ST-ZIP	P LAMB, REGINA T 188801 WEST DIXIE HIGHWAY MIAMI, FL 00000 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAMB, CECIL 18801 W. DIXIE HWY MIAMI, FL 00000 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HONER, LAJUANA 2540 NE 190TH ST NORTH MIAMI BEACH FL 33180 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CROCKETT, SHAUWN 1905 NW 57 ST MIAMI FL 33142 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LAMB, CORVIN 18801 W DIXIE HWY MIAMI, FL 00000 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02-13-01 305-931-5679

CR2E037 (10/00)