

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 704158

1. Entity Name

LINCOLN PARK CHILD CARE CENTER, INC.

FILED

01 SEP 18 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business 1400 AVENUE "M" FORT PIERCE, FL 34950 USA		Mailing Address 2601 AVENUE "I" FORT PIERCE, FL 34947 USA	
2. Principal Place of Business 1400 AVENUE "M" Suite, Apt. #, etc. N/A		3. Mailing Address 2601 AVENUE "I" Suite, Apt. #, etc. N/A	
City & State FORT PIERCE, FL		City & State FORT PIERCE, FL	
Zip 34950	Country USA	Zip 34947	Country USA
4. FEI Number 59-1276624		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FENN, HAVERT L. 2601 AVENUE "I" FORT PIERCE, FL 34947		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 300004609733-0 -09/25/01-01017-017 City *****61. FL *****81.25	
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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: *Havert L. Fenn* DATE: 9/14/2001

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	PD GRISBY, HORATIO, JR. 1306 AVENUE "O" FORT PIERCE, FL 34950 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MIDDLETON, CLEON 1604 NORTH 14TH STREET FORT PIERCE, FL 34950 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COX, ALBERTA 532 MEANS COURT FORT PIERCE, FL 34950 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BENNETT, LEROY, JR. 2101 VALENCIA AVENUE FORT PIERCE, FL 34946 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECY, HAVERT L. FENN, HAVERT L. 2601 AVENUE "I" FORT PIERCE, FL 34947 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Havert L. Fenn* HAVERT L. FENN 9-1-2001 (561) 461-7336

CR2E037 (11/00)