

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2001 8:00 am**  
**Secretary of State**

09-12-2001 90006 018 \*\*\*\*61.25

**DOCUMENT # 707174**

1. Entity Name

**SOUTH BROWARD CRADLE NURSERY, INC.**

Principal Place of Business

2203 DOUGLAS STREET  
 HOLLYWOOD FL 33020

Mailing Address

2203 DOUGLAS STREET  
 HOLLYWOOD FL 33020

2. Principal Place of Business

*SAME AS ABOVE*

3. Mailing Address

*SAME AS ABOVE*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Hollywood FL*

City & State

*Hollywood*

4. FEI Number

**59-1055886**

☒ Applied For  
☐ Not Applicable

Zip

*33020*

Country

*Broward*

Zip

*33020*

Country

*Broward*

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**BUTLER, THEODOSIA  
 2203 DOUGLAS ST  
 HOLLYWOOD FL 33020**

7. Name and Address of New Registered Agent

Name *Jennifer Brown*  
 Street Address (P.O. Box Number is Not Acceptable)  
*2203 Douglas St*  
 City *Hollywood* FL Zip Code *33020*

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

*Rev. Gilbert L. Waino Jr*

*9/5/01*

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  
 After September 12, 2001, min. will be \$236.25**

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 HARRIS, JR ELBERT L 2935 N 23RD AVENUE HOLLYWOOD FL 33020	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROBINSON, RICHARD 4820 SW 24TH STREET WEST HOLLYWOOD FL 33023	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MUNNERLYN, PAULA 2203 DOUGLAS STREET HOLLYWOOD, FL 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MUNNERLYN, GERALDINE 2203 DOUGLAS STREET HOLLYWOOD FL 33020	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTLER, THEODOSIA 2203 DOUGLAS STREET HOLLYWOOD FL	<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"/> 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Director Jennifer Brown 2203 Douglas St Hollywood FL</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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:

*RE-SIGNATURE REQUIRED*

*9/5/01*

*923-5371*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/01)