

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

09-10-2003 90056 030 ***61.25

FILE 707174

0006139

DOCUMENT # 707174

1. Entity Name

SOUTH BROWARD CRADLE NURSERY, INC.



03 SEP 15 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1055886

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARRIS, ALBERT JR
2203 DOUGLAS ST
HOLLYWOOD FL 33020

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> Delete
NAME	HARRIS, JR. ELBERT L.	
STREET ADDRESS	2203 DOUGLAS STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	VO	<input type="checkbox"/> Delete
NAME	ROBINSON, RICHARD	
STREET ADDRESS	2203 DOUGLAS STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MUNNERLYN, PAULA	
STREET ADDRESS	2203 DOUGLAS STREET	
CITY-ST-ZIP	HOLLYWOOD, FL 00000	
TITLE	T	<input type="checkbox"/> Delete
NAME	MUNNERLYN, GERALDINE	
STREET ADDRESS	2203 DOUGLAS STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	AS	<input type="checkbox"/> Delete
NAME	MATHIS, NORMA	
STREET ADDRESS	2203 DOUGLAS STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	FS	<input type="checkbox"/> Delete
NAME	COUNCIL, AUBRY	
STREET ADDRESS	2203 DOUGLAS STREET	
CITY-ST-ZIP	HOLLYWOOD FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Russell L. Harris REV. ELBERT L. Harris 9/5/03 (954) 923-2570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (4/03)