2000 UNIFORM BUSINESS REPORT (UBR)

3/6/00-90040-002-$70.00-$70.00

DOCUMENT # 708767

FILED
00 MAY 12 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

CHILD CARE ASSOCIATION OF BREVARD COUNTY, INC.

Principal Place of Business	Mailing Address
18 HARRISON ST. COCOA FL 32922	18 HARRISON ST. COCOA FL 32922-7934

DO NOT WRITE IN THIS SPACE

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 59-1100219 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOORE, BARBARA
18 HARRISON ST.
COCOA FL 32922

7. Name and Address of New Registered Agent

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.

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	PPF WILLIAMS, ARTIE 3880 PINETOP BLVD TITUSVILLE FL	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V /D HOFFMAN, LOIS 440 E. FRANKLYN AVE INDIALANTIC FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ARCHER, DOREEN 1265 ST. GEORGE RD. MERRIT ISLAND FL 32953	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BRYAN, LAURETTE MD 573 ROCKLEDGE DR. ROCKLEDGE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Chairman	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C DIGGS, ALBERT 5120 KIRKWOOD TRAIL TITUSVILLE FL 32780	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Past Chairman	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BLOCKER, LONNIE 1823 OAK DRIVE ROCKLEDGE FL	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer /D Pemberton, Lynn 995 Oak Street Merritt Island, FL 32953	☐ Change XX Addition TS

CR2E037 (9/99)

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: Lynn Pemberton 28 Feb 2000 (321) 867-1304
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #