## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Mar 01, 2001 8:00 am Secretary of State DOCUMENT # 708767 1. Entity Name 03-01-2001 90002 008 \*\*\*\*70.00 CHILD CARE ASSOCIATION OF BREVARD COUNTY, INC. Principal Place of Business Mailing Address 18 HARRISON ST. 18 HARRISON ST. COCOA FL 32922 COCOA FL 32922 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1100219 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 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) MOORE, BARBARA 18 HARRISON ST. COCOA FL 32922 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) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE 1 Delete TITLE Change Addition NAME NAME WILLIAMS, ARTIE STREET ADDRESS STREET ADDRESS 3880 PINETOP BLVD CITY-ST-ZIP CITY-ST-7IP TITUSVILLE FL TITLE VD ☐ Delete TITLE ☐ Change Addition NAME NAME HOFFMAN, LOIS STREET ADDRESS STREET ADDRESS 440 E. FRANKLYN AVE CITY-ST-ZIP CITY-ST-7IP INDIALANTIC FL ☐ Addition TITLE SD ☐ Delete TITLE Change NAME ARCHER, DOREEN NAME STREET ADDRESS STREET ADDRESS 1265 ST. GEORGE RD. CITY-ST-ZIP CITY-ST-ZIP MERRIT ISLAND FL 32953 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME BRYAN, LAURETTE MD STREET ADDRESS STREET ADDRESS 573 ROCKLEDGE DR. CITY - ST - ZIP CITY-ST-ZIP ROCKLEDGE FL TITLE ☐ Delete Past Chairman ☐ Addition C DIGGS, ALBERT STREET ADDRESS STREET ADDRESS 5120 KIRKWOOD TRAIL CITY-ST-ZIP CITY-ST-ZIP TITUSVILLE FL 32780 TITLE □ Delete ☐ Addition PEMBERTON, LYNN STREET ADDRESS STREET ADDRESS 995 OAK TREE STREET CITY-ST-ZIP CITY-ST-ZIP MERRITT ISLAND FL 32953

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.

Laurette Bran, MD, Chairman

aurettem Bryan 2-20-0/(3219634-3500

**FILED**