

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

0009976

DOCUMENT # 708767

1. Entity Name

CHILD CARE ASSOCIATION OF BREVARD COUNTY, INC.

03-12-2002 90028 038 ****70.00

Principal Place of Business

Mailing Address

**18 HARRISON ST.
 COCOA FL 32922**

**18 HARRISON ST.
 COCOA FL 32922**

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

7. Name and Address of New Registered Agent

**MOORE, BARBARA
 18 HARRISON ST.
 COCOA FL 32922**

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 **VD** ☐ Delete
 NAME **HOFFMAN, LOIS**
 STREET ADDRESS **440 E. FRANKLYN AVE**
 CITY-ST-ZIP **INDIALANTIC FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☐ Delete
 NAME **ARCHER, DOREEN**
 STREET ADDRESS **1265 ST. GEORGE RD.**
 CITY-ST-ZIP **MERRIT ISLAND FL 32953**

TITLE **C** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **C** ☐ Delete
 NAME **BRYAN, LAURETTE MD**
 STREET ADDRESS **573 ROCKLEDGE DR.**
 CITY-ST-ZIP **ROCKLEDGE FL**

TITLE **PC** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PC** ☒ Delete
 NAME **DIGGS, ALBERT**
 STREET ADDRESS **5120 KIRKWOOD TRAIL**
 CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☐ Delete
 NAME **PEMBERTON, LYNN**
 STREET ADDRESS **995 OAK TREE STREET**
 CITY-ST-ZIP **MERRITT ISLAND FL 32953**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☐ Change ☒ Addition
 NAME **Wanda Knight**
 STREET ADDRESS **1148 Linda Ave.**
 CITY-ST-ZIP **Titusville, FL 32903**

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: *Lois Hoffman, Vice Chairman*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wanda Knight, Vice Chair. 2/25/02
 (321) 634-3500

Date

Daytime Phone #

CR2E037 (9/01)