

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 708985

1. Entity Name

CHILDHOOD DEVELOPMENT SERVICES, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90178 032 ****70.00

Principal Place of Business	Mailing Address
1601 N E 25TH AVENUE 900 OCALA FL 34470 US	1601 N E 25TH AVENUE 900 OCALA FL 34470-8823 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-1262700	Applied For
		Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FOY, LINDA 1601 NE 25TH AVE OCALA FL 34470	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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																								
<table><tr><td>TITLE</td><td>PD</td><td><input checked="" type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>FRANK RASBURY</td><td></td></tr><tr><td>STREET ADDRESS</td><td>347 OAK TRACK COURSE</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>OCALA FL</td><td></td></tr></table>	TITLE	PD	<input checked="" type="checkbox"/> Delete	NAME	FRANK RASBURY		STREET ADDRESS	347 OAK TRACK COURSE		CITY-ST-ZIP	OCALA FL		<table><tr><td>TITLE</td><td>President - E Lect</td><td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td>DR. William Young</td><td></td></tr><tr><td>STREET ADDRESS</td><td>11729 W. Coquina Ct.</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>Crystal River, FL 34429</td><td></td></tr></table>	TITLE	President - E Lect	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	DR. William Young		STREET ADDRESS	11729 W. Coquina Ct.		CITY-ST-ZIP	Crystal River, FL 34429	
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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: Linda Foy 2-16-2000 352-629-0085
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)