

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 30, 2001 8:00 am**  
**Secretary of State**

03-30-2001 90336 036 \*\*\*\*\*70.00

0078519

**DOCUMENT # 708985**

1. Entity Name

**CHILDHOOD DEVELOPMENT SERVICES, INC.**

Principal Place of Business

1601 N E 25TH AVENUE  
 900  
 OCALA FL 34470  
 US

Mailing Address

1601 N E 25TH AVENUE  
 900  
 OCALA FL 34470  
 US

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

**59-1262700**

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

**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. ☐

**\$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 PD  
 NAME YOUNG, WILLIAM DR  
 STREET ADDRESS 11729 W COQUINA CT  
 CITY-ST-ZIP CRYSTAL RIVER FL 34429 ☐ Delete

TITLE Ted Strawbridge  
 NAME 219 SE 54<sup>th</sup> Court  
 STREET ADDRESS Ocala, FL 34471 ☐ Change ☒ Addition

TITLE PD  
 NAME DEAN, SUSAN  
 STREET ADDRESS 230 N E 25TH AVENUE  
 CITY-ST-ZIP OCALA FL 34470 ☐ Delete

TITLE Linda Foy  
 NAME 1601 NE 25<sup>th</sup> Ave  
 STREET ADDRESS Suite 900, Ocala FL 34470 ☒ Change ☐ Addition

TITLE T  
 NAME LIGHTBODY, SUSAN  
 STREET ADDRESS 9080 SW 19TH AVE RD  
 CITY-ST-ZIP OCALA FL 34476 ☐ Delete

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

TITLE S  
 NAME MIDGETT, LISA  
 STREET ADDRESS 261 SW 54 CT  
 CITY-ST-ZIP OCALA FL 34471 ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*3-23-01 352-629-0055*

CR2E037 (10/00)