

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 04, 2003 8:00 am**  
**Secretary of State**

03-04-2003 90064 012 \*\*\*\*70.00

**DOCUMENT # 712453**

1. Entity Name

**HEAD START CHILD DEVELOPMENT AND FAMILY SERVICES, INC.**



Principal Place of Business

**6698 68TH AVE. N.  
SUITE D  
PINELLAS PARK FL 33781**

Mailing Address

**6698 68TH AVE. N.  
SUITE D  
PINELLAS PARK FL 33781**

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 **59-1173706**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**FILLMORE, WILLIAM S JR.  
6698 68TH AVE. N.  
SUITE D  
PINELLAS PARK FL 33781**

7. Name and Address of New Registered Agent

Name

**M. JUANITA HEINZEN**

Street Address (P.O. Box Number is Not Acceptable)

**6698 68th Avenue North Ste. D**

City

**Pinellas Park**

FL

Zip Code

**33781**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**M. Juanita Heinzen**

**2/26/03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **MARMARO, CONNIE**  
STREET ADDRESS **5260 96TH TERR. N.**  
CITY-ST-ZIP **PINELLAS PARK FL 33782**

TITLE **TD** ☐ Delete  
NAME **MILLER, JOE**  
STREET ADDRESS **1801 119TH ST. N**  
CITY-ST-ZIP **LARGO FL 33778**

TITLE **VD** ☐ Delete  
NAME **BRITT, LOUNELL**  
STREET ADDRESS **701 94TH AVENUE NORTH**  
CITY-ST-ZIP **ST. PETERSBURG FL 33702**

TITLE **SD** ☐ Delete  
NAME **HERZIG, JEAN**  
STREET ADDRESS **5301 17TH AVE N**  
CITY-ST-ZIP **ST. PETERSBURG FL 33710**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

12. I hereby certify that the information supplied with this filing 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:

**SIGNATURE REQUIRED**

**2/27/03**

CR2E037 (10/02)