

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713962

1. Entity Name

FAIRYLAND COMMUNITY DAY CARE CENTER, INC.

Principal Place of Business

2623 US HWY 27 S
SEBRING FL 33870

Mailing Address

P.O. BOX 1293
SEBRING FL 33871-1293

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

RHOADES, CLIFFORD R
227 N. RIDGEWOOD DRIVE
SEBRING FL 33870

7. Name and Address of New Registered Agent

Name: Thomas L. Nunnallee
Street Address (P.O. Box Number is Not Acceptable) 325 North Commerce Avenue
City Sebring FL Zip Code 33870

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 Thomas L. Nunnallee Thomas L. Nunnallee 2-29-00
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

TITLE DP ☐ Delete
NAME CRUTCHFIELD, SCOTT
STREET ADDRESS 917 S.E. LAKEVIEW DRIVE
CITY-ST-ZIP DELRAY BEACH FL 33870

TITLE DV ☐ Delete
NAME BARNETT, FLOYD
STREET ADDRESS 2343 COUNTRY CLUB DRIVE
CITY-ST-ZIP SEBRING FL 33872

TITLE DS ☐ Delete
NAME BAILEY, JACKIE
STREET ADDRESS 1628 WILSON AVENUE
CITY-ST-ZIP SEBRING FL 33872

TITLE DT ☐ Delete
NAME HULDWELL, CAROL S
STREET ADDRESS 2460 LAKE DENTON RD
CITY-ST-ZIP AVON PARK FL 33825

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
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CITY-ST-ZIP

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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 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: Scott Crutchfield 3/17/00 862 882-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Jun 08, 2000 8:00 am
Secretary of State
06-08-2000 90017 049 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E (037 (9/96))