

# 2001 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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1227564

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

NUNNALLEE, THOMAS L  
325 N COMMERCE AVE  
SEBRING FL 33870

7. Name and Address of New Registered Agent

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

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 DP ☒ Change ☐ Addition  
NAME HUBBELL, CAROL S.  
STREET ADDRESS 2460 LAKE DENTON RD.  
CITY-ST-ZIP AVON PARK, FL 33825

TITLE DV ☒ Change ☐ Addition  
NAME CRUTCHFIELD, SCOTT  
STREET ADDRESS 917 SE LAKEVIEW DRIVE  
CITY-ST-ZIP SEBRING, FL 33870

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

TITLE DT ☒ Change ☐ Addition  
NAME ROTH, JEFF  
STREET ADDRESS 2482 NORTH PRIMROSE ROAD  
CITY-ST-ZIP AVON PARK, FL 33825

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 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:

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

2/20/01 (863) 402-6858  
Date Daytime Phone #

FILED  
Mar 02, 2001 8:00 am  
Secretary of State

03-02-2001 90053 033 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)