

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90086 026 ***61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # 714475

1. Entity Name

IMMOKALEE CHILD CARE CENTER, INC.

Principal Place of Business

Mailing Address

**415 COLORADO AVE
IMMOKALEE FL 34142-4034
US****ADMINISTRATION OFFICE
852 FIRST AVE S STE 211
NAPLES FL 34102-6122
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1209842

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**JORDAN, JAMES J
871 REEF POINT CIRCLE
NAPLES FL 34108**

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	<input type="checkbox"/> Delete
NAME	DAVID, ROBERT J	
STREET ADDRESS	2725 SAILORS WAY	
CITY-ST-ZIP	NAPLES FL 34109-7633	

TITLE	2nd Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VINING, BEVERLEY	
STREET ADDRESS	4115 CUTLASS LANE	
CITY-ST-ZIP	NAPLES FL 34102-7940	

TITLE	VD	<input type="checkbox"/> Delete
NAME	LAGER, VIVIAN	
STREET ADDRESS	6806 SAND POINTE CIRCLE	
CITY-ST-ZIP	NAPLES FL 34108-8510	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input type="checkbox"/> Delete
NAME	JORDAN, JAMES J	
STREET ADDRESS	871 REEF POINT CIRCLE	
CITY-ST-ZIP	NAPLES FL 34108-8769	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> Delete
NAME	QUINBY, PEARL	
STREET ADDRESS	408 EDMERE WAY E.	
CITY-ST-ZIP	NAPLES FL 34105-7175	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)