

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90003 050 ***245.00

DOCUMENT # 717408

1. Entity Name

PALMER-KING DAY CARE CENTER, INC.

2

Principal Place of Business

Mailing Address

2626 E. UNIVERSITY AVENUE
GAINESVILLE FL 32601

2626 E. UNIVERSITY AVENUE
GAINESVILLE FL 32601

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

59-1276707

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLARKE, ANTOINETTE P
307 S.W. 16TH AVENUE
APT. 430
GAINESVILLE FL 32601

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

ANTOINETTE CLARKE

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

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution.

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\$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	D	<input type="checkbox"/> Delete
NAME	CLARKE, ANTOINETTE	
STREET ADDRESS	307 S.W. 16TH AVENUE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALEXANDER, GLADYS	
STREET ADDRESS	727 SE 11TH ST	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRADWELL, VERNELLE	
STREET ADDRESS	4728 SE 19TH AVE	
CITY-ST-ZIP	GAINESVILLE, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCPHERSON, LOTTIE	
STREET ADDRESS	714 NE 25TH ST	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	C	<input type="checkbox"/> Delete
NAME	JONES, NATHANIEL	
STREET ADDRESS	1216 SE 12TH ST	
CITY-ST-ZIP	GAINESVILLE FL 32641	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, SHELTON	
STREET ADDRESS	502 NE 8TH AVE	
CITY-ST-ZIP	GAINESVILLE FL	

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Allen, Marie	
STREET ADDRESS	805 NE 24th Terrace	
CITY-ST-ZIP	Gainesville, FL 32641	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Roberson, Cora	
STREET ADDRESS	1631 SE 41st Avenue	
CITY-ST-ZIP	Gainesville, Florida 32641	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harper, Julia	
STREET ADDRESS	1205 SE 11th Avenue	
CITY-ST-ZIP	Gainesville, Florida 32641	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Antoinette Clarke

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/00 352-373-6049

Date

Daytime Phone #

CR2E037 (5/00)