

2000 UNIFORM BUSINESS REPORT (UBR)

5/2:

FILED
Jun 20, 2000 8:00 am
Secretary of State

05-21-2000 90004 011 ****61.25

DOCUMENT # **717644**

1. Entity Name **ORMOND BEACH NEIGHBORHOOD**
CHILD DEVELOPMENT CENTER, INC

Principal Place of Business Mailing Address

150 S. WASHINGTON STREET
ORMOND BEACH, FL 32174

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

Applied For

Not Applicable

59-1281267

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

Name **Dorothea White**

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

1412 Cadillac Dr.

City

Daytona Beach

FL

Zip Code

32114

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	PRESIDENT - D	<input type="checkbox"/> Delete
NAME	Vanessa Lloyd	
STREET ADDRESS	1012 Essex Rd	
CITY-ST-ZIP	Daytona Beach, FL 32117	
TITLE	V-P - D	<input type="checkbox"/> Delete
NAME	Geri Newman	
STREET ADDRESS	312 Arnold Dr.	
CITY-ST-ZIP	Daytona Beach, FL 32114	
TITLE	Sec'y - D	<input type="checkbox"/> Delete
NAME	MELISSA Gaston	
STREET ADDRESS	3-Dorado Beach Court	
CITY-ST-ZIP	Ormond Beach, FL 32174	
TITLE	Treas - D	<input type="checkbox"/> Delete
NAME	Jimmy Page	
STREET ADDRESS	50 N. St. Andrews Dr.	
CITY-ST-ZIP	Ormond Beach, FL 32174	
TITLE	DIRECTOR - T	<input type="checkbox"/> Delete
NAME	Dorothea White	
STREET ADDRESS	1412 Cadillac Dr.	
CITY-ST-ZIP	Daytona Beach, FL 32114	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Vanessa White - Director**

5/3/00 904677-8093

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)