

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 719558**

1. Entity Name

BABY GATOR CHILD CARE CENTER, INC.

Principal Place of Business

**BUILDING #293, VILLAGE DRIVE
UNIVERSITY OF FLORIDA
GAINESVILLE FL 32611**

Mailing Address

**BUILDING #293, VILLAGE DRIVE
UNIVERSITY OF FLORIDA
GAINESVILLE FL 32611**

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

59-1291260

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ELSWOOD, RUTH A
BLDG. 293, VILLAGE DRIVE
GAINESVILLE FL 32611**

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	D	<input type="checkbox"/> Delete
NAME	ELSWOOD, RUTH	
STREET ADDRESS	BLDG 293, VILLAGE DRIVE	
CITY-ST-ZIP	GAINESVILLE FL 32611	

TITLE	D	<input type="checkbox"/> Delete
NAME	LANGLOIS, DEBRA	
STREET ADDRESS	186 NORMAN HALL, UNIV. OF FLORIDA	
CITY-ST-ZIP	GAINESVILLE, FL 0	

TITLE	D	<input type="checkbox"/> Delete
NAME	POPPELL, JOHN E	
STREET ADDRESS	204 TIGERT HALL	
CITY-ST-ZIP	GAINESVILLE, FL 0	

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

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

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	MR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARRY DEUTSCH	
STREET ADDRESS	186 NORMAN HALL, UNIV. OF FLORIDA	
CITY-ST-ZIP	GAINESVILLE FL 32611	

TITLE	DR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAZEL JONES	
STREET ADDRESS	6315 NORMAN HALL, UNIV. OF FLORIDA	
CITY-ST-ZIP	GAINESVILLE FL 32611	

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
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90065 029 ****61.25



DO NOT WRITE IN THIS SPACE

0090423

CR2E037 (10/00)