

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 720199

1. Entity Name

CHILD DEVELOPMENT CENTER, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90182 017 ****61.25

Principal Place of Business

3955 RED BUG RD.
CASSELBERRY FL 32707

Mailing Address

3955 RED BUG RD.
CASSELBERRY FL 32707

900534



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1353029

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

BROWN, MARK R
319 WOODLEAF DRIVE
WINTER SPRINGS FL 32708

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 STD ☐ Delete
NAME BROWN, MARK R
STREET ADDRESS 4475 WILLA CREEK DR. # 115
CITY-ST-ZIP WINTER SPRINGS FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 319 WOODLEAF DRIVE
CITY-ST-ZIP WINTER SPRINGS, FL, 32708

TITLE PD ☐ Delete
NAME PESCE, LOUIS
STREET ADDRESS 1311 W WEBSTER ST.
CITY-ST-ZIP WINTER PARK, FL 00000

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME LAWTON, THOMAS C
STREET ADDRESS 689 DUNRAVEN AVE
CITY-ST-ZIP WINTER PARK, FL 00000

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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: MARK R BROWN, Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/00 407-699-8022

Date

Daytime Phone #

CR2E037 (9/99)