

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 720397

1. Entity Name

FLORENCE FULLER CHILD DEVELOPMENT CENTERS, INC.

Principal Place of Business

200 N.E. 14TH ST
BOCA RATON FL 33432

Mailing Address

200 N.E. 14TH ST
BOCA RATON FLA 33432-1848

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

59-1312245

Applied For

Not Applicable

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

FELDMAN, JOEL
SANCTUARY CENTRE, TOWER D #207
4800 N. FEDERAL HWY
BOCA RATON FL 33431

Name

FELDMAN, JOEL

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

401 CAMINO GARDENS BLVD.

City

BOCA RATON

FL

Zip Code

33432

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)

3/10/00

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 P
NAME FELDMAN, JOEL
STREET ADDRESS 200 NE 14TH ST
CITY-ST-ZIP BOCA RATON FL 33432

☐ Delete

TITLE S
NAME TAUB, RONNA
STREET ADDRESS 200 NE 14 ST
CITY-ST-ZIP BOCA RATON FL

☐ Delete

TITLE VP
NAME MICHEL, HARRY
STREET ADDRESS 200 NE 14TH ST
CITY-ST-ZIP BOCA RATON, FL 00000

☐ Delete

TITLE TD
NAME HOLLAND, JANICE
STREET ADDRESS 200 NE 14TH ST
CITY-ST-ZIP BOCA RATON FL

☐ Delete

TITLE VP
NAME FICHERA, CHRISTOPHER DR
STREET ADDRESS 200 NE 14 ST.
CITY-ST-ZIP BOCA RATON FL 33432

☐ Delete

TITLE ED
NAME HERDEEN, LORRAINE
STREET ADDRESS 200 NE 14 ST.
CITY-ST-ZIP BOCA RATON FL 33432

☐ Delete

TITLE VP
NAME KNEISER, SALLY
STREET ADDRESS 200 NE 14 ST
CITY-ST-ZIP BOCA RATON, FL 33432

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change

☐ Addition

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 or without other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/00

Date

Daytime Phone #

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

03-20-2000 90109 009 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)