

2001 UNIFORM BUSINESS REPORT (UBR)

3/1/0

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-01-2001 91354 006 ****70.00

DOCUMENT # 720397

1. Entity Name

FLORENCE FULLER CHILD DEVELOPMENT CENTERS, INC.

Principal Place of Business

Mailing Address

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

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

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
401 CAMINO GARDENS BLVD
BOCA RATON FL 33432

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	P	<input checked="" type="checkbox"/> Delete
NAME	FELDMAN, JOEL	
STREET ADDRESS	200 NE 14TH ST	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	S	<input type="checkbox"/> Delete
NAME	TAUB, RONNA	
STREET ADDRESS	200 NE 14 ST	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MICHEL, HARRY	
STREET ADDRESS	200 NE 14TH ST	
CITY-ST-ZIP	BOCA RATON, FL 00000	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HOLLAND, JANICE	
STREET ADDRESS	200 NE 14TH ST	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	FICHERA, CHRISTOPHER DR	
STREET ADDRESS	200 NE 14 ST.	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	ED	<input type="checkbox"/> Delete
NAME	HERDEEN, LORRAINE	
STREET ADDRESS	200 NE 14 ST.	
CITY-ST-ZIP	BOCA RATON FL 33432	

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRAVASOS, ALBERT	
STREET ADDRESS	200 NE 14 ST	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SLOAN, JANELLE	
STREET ADDRESS	200 NE 14 ST	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARDLEIGH, ILA-FOX	
STREET ADDRESS	200 NE 14 ST	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRIESTE, J. ALEXANDER	
STREET ADDRESS	200 NE 14 ST	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENRY, PEGGY	
STREET ADDRESS	200 NE 14 ST	
CITY-ST-ZIP	BOCA RATON, FL 33432	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/01 561-9945009
Date Daytime Phone #

CR2E037 (10/00)