## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## Mar 05, 2003 8:00 am Secretary of State DOCUMENT # 720397 1. Entity Name 03-05-2003 90027 010 \*\*\*\*70.00 FLORENCE FULLER CHILD DEVELOPMENT CENTERS, INC. Principal Place of Business Mailing Address 200 N.E. 14TH ST 200 N.E. 14TH ST **BOCA RATON FL 33432 BOCA RATON FL 33432** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FE! Number 59-1312245 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent --<sub>Name</sub> Janelle Sloan FELDMAN, JOEL Street Address (P.O. Box Number is Not Acceptable) 200 NE 14 Street 401 CAMINO GARDENS BLVD **BOCA RATON FL 33432** City Boca Raton 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or prints DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees 15 7 Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ▼ Delete TITLE President ☐ Change X Addition TRAVASOS, ALBERT NAME Janelle Sloan 200 NE 14 Street NAME STREET ADDRESS 200 NORTHEAST 14TH STREET STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33432** Boca Raton, FL 33432 CITY-ST-ZIP SD TITLE ☐ Delete TITLE ☐ Change Addition TAUB, RONNA NAME NAME STREET ADDRESS 200 NORTHEAST 14TH STREET STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33432** CITY-ST-ZIP TITLE Delete Vice President TITLE ☐ Change X Addition HENRY, PEGGY Elyssa J Kupferberg 200 NE 14 Street NAME STREET ADDRESS 200 NORTHEAST 14TH STREET STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33432** CITY-ST-ZIP Boca Raton, FL 33432 TITLE ☐ Defete TITLE Change ☐ Addition NAME ARDLEIGH, ILA FOX NAME STREET ADDRESS 200 NORTHEAST 14TH STREET STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33432** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME TRIESTE, ALEXANDER J NAME STREET ADDRESS 200 NORTHEAST 14TH STREET STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33432** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME HERDEEN, LORRAINE NAME STREET ADDRESS 200 NE 14 ST.

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.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

**BOCA RATON FL 33432** 

CITY-ST-7IP

SIGNATURE REQU

**FILED**