

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 721109

1. Entity Name

KIDDIE-LAND DAY CARE CENTER, INCORPORATION

Principal Place of Business

Mailing Address

327 S ADAM ST  
QUINCY FL 32351

327 S ADAM ST  
QUINCY FL 32351-3160

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Quincy, Fla.

Zip  
32351

Country  
Gradsden

Zip

Country

4. FEI Number

59-1475532

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

PALMER, CORINE B., MRS.  
332 S SHADOW ST  
QUINCY FL 32351

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 PD  
NAME CAMPBELL, EDMUND  
STREET ADDRESS 524 SOUTH MAIN ST.  
CITY-ST-ZIP QUINCY FL ☐ Delete

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

TITLE D  
NAME MCCLLOUD, BLOSSIE M., MRS.  
STREET ADDRESS RT. 5, BOX 2070  
CITY-ST-ZIP QUINCY FL ☐ Delete

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

TITLE S  
NAME PALMER, CORINE B. M  
STREET ADDRESS 332 S SHADOW ST  
CITY-ST-ZIP QUINCY FL ☐ Delete

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

TITLE T  
NAME PALMER-DOUGLAS, LINDA  
STREET ADDRESS RT 6 BOX 452  
CITY-ST-ZIP QUINCY FL ☐ Delete

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

TITLE D  
NAME PALMER, RODERICK G  
STREET ADDRESS RT 6 BOX 492  
CITY-ST-ZIP QUINCY FL ☐ Delete

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Corine B. Palmer / Corine B. Palmer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-00

Date

850-627-9054

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE