

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

FILED
Jun 05, 2002 8:00 am
Secretary of State

06-05-2002 90412 040 ****70.00

DOCUMENT #

1. Entity Name
Camp Blanding Child Care Center Inc
721830 ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>45 NW 14 Avenue</i>		3. Mailing Address <i>45 NW 14th Avenue</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>Dania Beach Florida</i>	
City & State <i>Dania Beach Florida</i>		City & State	
Zip <i>33004</i>	Country <i>Broward</i>	Zip <i>33004</i>	Country <i>Broward</i>

4. FEI Number
59-1373029

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name *Willie Mae Lawson*
Street Address (P.O. Box Number is Not Acceptable)
3841 SW 52 Avenue Apt #201
City *Pembroke Park* **FL** Zip Code *33023*

**DO NOT WRITE
IN THIS SPACE**

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 *Willie Mae Lawson*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

6/4/02
DATE

**FEE IS \$61.25
Initial or Amended UBR**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P= President Kenneth Robinson 8302 Cody Street Hollywood Florida 33020</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>V= Vice President Cassandra Robinson 707 SW 9 Avenue Apt #2 Dania Beach Florida 33004</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>S= Secretary Sheneca Baynham 320 SW 13 Street Dania Beach Florida 33004</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>T= Treasury Tammy McKinnie 12 NW 6 Avenue Dania Beach FL 33004</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D= Director Willie Mae Lawson 3841 SW 52 Avenue Apt #201 Pembroke Park FL 33023</i>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Willie Mae Lawson*

6/4/02 *954929-9468*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037B (12/01)