

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 721905

1. Entity Name

ST. PETER CLAVER DAY CARE CENTER, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90171 028 ****70.00

Principal Place of Business

Mailing Address

1431 TAMPA PARK PLAZA
 TAMPA FL 33605-4821

1431 TAMPA PARK PLAZA
 TAMPA FLA 33605-4821



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1361957

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WITHERS, VERONICA
 1431 TAMPA PARK PLAZA
 TAMPA FL 33605-1821

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 D ☐ Delete
 NAME NYAMBO, CALLIST REV
 STREET ADDRESS 2624 UNION ST
 CITY-ST-ZIP ST PETERSBURG FL 33712

TITLE D ☐ Change ☒ Addition
 NAME JACKSON, MOZELLA
 STREET ADDRESS 3910 LOUISIANA AVENUE
 CITY-ST-ZIP TAMPA, FL 33610

TITLE STD ☐ Delete
 NAME HASKINS, MARY SISTER
 STREET ADDRESS 24862 US HWY 19 N 3602
 CITY-ST-ZIP CLEARWATER FL 34623

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

TITLE MD ☐ Delete
 NAME WITHERS, VERONICA
 STREET ADDRESS 2528 WATROUS AVENUE
 CITY-ST-ZIP TAMPA FL

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

TITLE D ☐ Delete
 NAME CASEY, PATRICIA
 STREET ADDRESS 15509 FURLONG CIRCLE
 CITY-ST-ZIP ODESSA FL

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

TITLE PD ☐ Delete
 NAME BUCKLEY, FREDERICK REV
 STREET ADDRESS 3902 TUDOR CT #182
 CITY-ST-ZIP TAMPA FL 33614

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

TITLE D ☐ Delete
 NAME GARCIA, RIGOBERTO SR.
 STREET ADDRESS 12608 STILLWATER TERRACE DRIVE
 CITY-ST-ZIP CARROLLWOOD FL

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:

SIGNATURE REQUIRED VERONICA WITHERS

4/28/00

(813) 229-7632

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #