

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 721905

1. Entity Name

ST. PETER CLAVER DAY CARE CENTER, INC.

Principal Place of Business

1431 TAMPA PARK PLAZA
TAMPA FL 33605-4821

Mailing Address

1431 TAMPA PARK PLAZA
TAMPA FL 33605-4821

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

59-1361957

Applied For

Not Applicable

5. Certificate of Status Desired

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\$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.

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\$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 JACKSON, MOZELLA
STREET ADDRESS 3910 LOUISIANA AV
CITY-ST-ZIP TAMPA FL 33610

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28 APRIL 2001

(813) 229-7632

Date

Daytime Phone #

CR2E037 (10/00)