

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

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90394 006 ****70.00

DOCUMENT # **721905** ✓

1. Entity Name

ST. PETER CLAVER DAY CARE CENTER, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1431 Tampa Park Plaza

Suite, Apt. #, etc.

3. Mailing Address

1431 Tampa Park Plaza

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

59-1361957

Applied For

Not Applicable

Zip

33605-4821

Country

USA

Zip

33605-4821

Country

USA

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name **Veronica Withers**

Street Address (P.O. Box Number is Not Acceptable)

1431 Tampa Park Plaza

City

Tampa,

FL

Zip Code

33605-4821

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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	D
NAME	Casey, Patricia
STREET ADDRESS	15509 Furlong Circle
CITY-ST-ZIP	Odessa, FL 33556
TITLE	D
NAME	Garcia, Rigoberto Sr.
STREET ADDRESS	12608 Stillwater Terrace Drive
CITY-ST-ZIP	Carrollwood, FL
TITLE	S/T/D
NAME	Haskins, Mary
STREET ADDRESS	24862 S HWY 19 N #3602
CITY-ST-ZIP	Clearwater, FL 34623
TITLE	D
NAME	Jackson, Mozella
STREET ADDRESS	3910 Louisiana Avenue
CITY-ST-ZIP	Tampa, FL 33610
TITLE	P/D
NAME	Nyambo, Callist
STREET ADDRESS	2624 Union Street South
CITY-ST-ZIP	St. Petersburg, FL 33712
TITLE	M/D
NAME	Withers, Veronica
STREET ADDRESS	2528 Watrous Avenue
CITY-ST-ZIP	Tampa, FL 33629

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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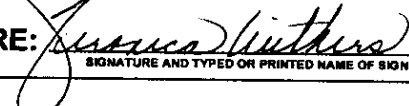
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CITY-ST-ZIP

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CR2E037B (12/01)

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:  **Veronica Withers**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30 April 2002 (813) 229-7632

Date

Daytime Phone #