

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 20, 2003 8:00 am
Secretary of State

06-20-2003 90028 029 ****70.00

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 ☒ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D CASEY, PARTICIA**
STREET ADDRESS **15509 FURLONG CIRCLE**
CITY-ST-ZIP **ODESSA FL 33556**

TITLE ☐ Delete
NAME **D GARCIA, RIGOBERTO S**
STREET ADDRESS **12808 SSTILLWATER TERRACE DRIVE**
CITY-ST-ZIP **CARROLLWOOD FL**

TITLE ☐ Delete
NAME **STD HASKINS, MARY**
STREET ADDRESS **24862 S. HWY-19 NORTH-SUITE 3802**
CITY-ST-ZIP **CLEARWATER FL 34623**

TITLE ☐ Delete
NAME **D JACKSON, MOZELLA**
STREET ADDRESS **3910 LOUISIANA AVENUE**
CITY-ST-ZIP **TAMPA FL 33610**

TITLE ☐ Delete
NAME **PD NYAMBO, CALLIST**
STREET ADDRESS **2624 UNION STREET SOUTH**
CITY-ST-ZIP **SAINT PETERSBURG FL 33712**

TITLE ☐ Delete
NAME **MD WITHERS, VERONICA**
STREET ADDRESS **2528 WATROUS AVENUE**
CITY-ST-ZIP **TAMPA FL 33629**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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: VERONICA WITHERS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03

Date

(813) 229-7632

Daytime Phone #

CR2E037 (10/02)