

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 724449

1. Entity Name

OKALOOSA-WALTON CHILD CARE SERVICES, INC.

FILED

Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90031 039 ****61.25

Principal Place of Business

107 TUPELO AVENUE
P.O. BOX 2258
FT WALTON BEACH FL 32549

Mailing Address

107 TUPELO AVENUE
P.O. BOX 2258
FT WALTON BEACH FL 32549-2258

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

59-1434341

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAIGHT, KATHLEEN G.
107 TUPELO AVENUE
FT. WALTON BEACH FL 32548

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.

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

TITLE PD
NAME COBBS, DANIEL
STREET ADDRESS 137 HOSPITAL DR
CITY-ST-ZIP FT WALTON BCH FL 32547 ☐ Delete

TITLE VD
NAME MILLER, SUSAN
STREET ADDRESS 418 PRIMROSE CIRCLE
CITY-ST-ZIP DESTIN FL 32541 ☐ Delete

TITLE SD
NAME FEDONCZAK, TERRI W
STREET ADDRESS 360 JASMINE AVE
CITY-ST-ZIP VALPARAISO FL 32580 ☐ Delete

TITLE TD
NAME MILL, KELLY C
STREET ADDRESS 348 SW MIRACE STRIP PKWY
CITY-ST-ZIP FT WALTON BCH FL 32548 ☐ Delete

TITLE D
NAME GRINSTED, PATRICIA
STREET ADDRESS 156 COUNTRY CLUB RD
CITY-ST-ZIP SHALIMAR FL ☐ Delete

TITLE D
NAME ROSER, ELENA
STREET ADDRESS 916 47TH ST
CITY-ST-ZIP NICEVILLE FL 32578 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME See Attached List ☐ Change ☒ Addition
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE
NAME Hill, Kelly C. ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Change ☐ Addition
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

Daniel Cobbs
President

Date

Daytime Phone #

850-833-9330

CR2E037 (9/99)