

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 04, 2001 08:00 AM****Secretary of State****DOCUMENT # 724449**

1. Entity Name

OKALOOSA-WALTON CHILD CARE SERVICES, INC.

Principal Place of Business

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

FL

Mailing Address

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

FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-1434341**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAIGHT, KATHLEEN G.  
107 TUPELO AVENUEFT. WALTON BEACH  
32548

FL

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 reinstalling)

**01/04/2001**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	ROSER ELENA	916 4TH ST	NICEVILLE FL 32578	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
D	GRINSTED PATRICIA	156 COUNTRY CLUB RD	SHALIMAR FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TD	MILL KELLY C	348 SW MIRACE STRIP PKWY	FT WALTON BCH FL 32548	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	SD	FOX EVELYN	221 HOSPITAL DRIVE FT WALTON BCH FL 32548
SD	FEDONCZAK TERRI W	360 JASMINE AVE	VALPARAISO FL 32580	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TD	HILL KELLY C	348 SW MIRACE STRIP PKWY FT WALTON BCH FL 32548
VD	MILLER SUSAN	418 PRIMROSE CIRCLE	DESTIN FL 32541	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	VD	FEDONCZAK TERRI W	360 JASMINE AVE VALPARAISO FL 32580
PD	COBBS DANIEL	137 HOSPITAL DR	FT WALTON BCH FL 32547	<input type="checkbox"/> Change <input type="checkbox"/> Addition	PD	MILLER SUSAN	418 PRIMROSE CIRCLE DESTIN FL 32541

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

Susan Miller, Chairman

PD

01/04/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)