

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 724582

1. Entity Name

ORGANIZATIONS' COMMITTEE FOR DAY CARE, INC.

Principal Place of Business

3625 FOWLER STREET
FT MYERS FL 33901

Mailing Address

3625 FOWLER STREET
FT MYERS FL 33901-0904

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90040 036 ****70.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

23-7249018

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HEDGE, SUSAN L
3406 PALM BEACH BLVD.
FT MYERS FL 33916

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	D	<input checked="" type="checkbox"/> Delete
NAME	POE, ANN M	
STREET ADDRESS	1201 CAPE CORAL PARKWAY	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEDGE, SUSAN L	
STREET ADDRESS	3406 PALM BEACH BLVD	
CITY-ST-ZIP	FT. MYERS FL 33916	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GIRARDIN, VIRGINIA S.	
STREET ADDRESS	1668 MENLO RD.	
CITY-ST-ZIP	FT.MYERS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KERRY HORNE	
STREET ADDRESS	13250 UNIVERSITY CENTER BLVD.	
CITY-ST-ZIP	FT. MYERS, FL 33907	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARJORIE WILSON	
STREET ADDRESS	1865 Fb's Lane	
CITY-ST-ZIP	Sanibel, FL 33957	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHERL HACKNEY	
STREET ADDRESS	2422 CORTEZ BLVD	
CITY-ST-ZIP	FT. MYERS FL 33901	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RHEA MIKE	
STREET ADDRESS	14800 CRYSTAL COVE CT.	
CITY-ST-ZIP	FT. MYERS FL 33919	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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] **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/00 (941) 432-6818

Date

Daytime Phone #

CR2E037 (9/99)