

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State
 01-26-2001 90163 024 ****70.00

DOCUMENT # 724582

1. Entity Name

ORGANIZATIONS' COMMITTEE FOR DAY CARE, INC.

Principal Place of Business

Mailing Address

3625 FOWLER STREET
 FT MYERS FL 33901

3625 FOWLER STREET
 FT MYERS FL 33901

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

23-7249018

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
 NAME **POE, ANN M**
 STREET ADDRESS **1201 CAPE CORAL PARKWAY**
 CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE ☐ Change ☒ Addition
 NAME **KERRY HORNE**
 STREET ADDRESS **13250 UNIVERSITY CENTER BLVD.**
 CITY-ST-ZIP **FT. MYERS, FL 33907**

TITLE **D** ☐ Delete
 NAME **HEDGE, SUSAN L**
 STREET ADDRESS **3406 PALM BEACH BLVD**
 CITY-ST-ZIP **FT. MYERS FL 33916**

TITLE ☐ Change ☒ Addition
 NAME **MARJORIE WILSON**
 STREET ADDRESS **1805 IBIS LANE**
 CITY-ST-ZIP **SANIBEL, FL 33957**

TITLE **D** ☒ Delete
 NAME **GIRARDIN, VIRGINIA S.**
 STREET ADDRESS **1668 MENLO RD.**
 CITY-ST-ZIP **FT.MYERS FL**

TITLE ☐ Change ☒ Addition
 NAME **SHERL HACKNEY**
 STREET ADDRESS **2622 CORTEZ BLVD**
 CITY-ST-ZIP **FT. MYERS FL 33901**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **RHEA MIKE**
 STREET ADDRESS **14800 CRYSTAL COVE CT.**
 CITY-ST-ZIP **FT. MYERS FL 33919**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)