FILE NOW: FILING FEE IS $61.25

FILED
Jan 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 727488 (9)

1. Corporation Name

UM/CANTERBURY CHILD CARE CENTER, INC.

Principal Place of Business	Mailing Address
1150 STANFORD DR CORAL GABLES FL 33146	1150 STANFORD DR CORAL GABLES FL 33146-2002

3. Date Incorporated or Qualified: 09/19/1973
3a. Date of Last Report: 01/26/1996

2. Principal Place of Business — 21:
Suite, Apt. #, etc — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: 59-1489157 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ROSENDAHL, SUSAN A.
605 PORTIA CIRCLE
KEY LARGO FL 33037

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Susan A. Rosendahl
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☑ DELETE	1.1 TITLE	SD	☐ Change ☑ Addition
NAME	SYREN, ROBERT		1.2 NAME	Beamish, Cynthia	
STREET ADDRESS	1018 UNGAR BLDG.		1.3 STREET ADDRESS	5800 SW 108 Street	
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY-ST-ZIP	Miami, FL	
TITLE	SD	☑ DELETE	2.1 TITLE	DT	☐ Change ☑ Addition
NAME	FAIRBAIRN, GARTH		2.2 NAME	Uitvlugt, Kathy	
STREET ADDRESS	8001 SW 52ND AVE		2.3 STREET ADDRESS	5863 SW 77 Ave	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Miami, FL	
TITLE	DT	☐ DELETE	3.1 TITLE	DP	☑ Change ☐ Addition
NAME	HASSLER, THOMAS J.		3.2 NAME	Hassler, Thomas J.	
STREET ADDRESS	3783 SW 27TH ST		3.3 STREET ADDRESS	414 Giralda Ave.	
CITY-ST-ZIP	CORAL GABLES FL		3.4 CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	A	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CORBISHLEY, REV. FRANK J		4.2 NAME		
STREET ADDRESS	1150 STANFORD DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		4.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	5.1 TITLE	D	☐ Change ☑ Addition
NAME	VAUGHN, NANCY JO		5.2 NAME	Chapman, Cheryl	
STREET ADDRESS	13220 SW 98TH PL.		5.3 STREET ADDRESS	1790 S. Treasure Drive #4A	
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP	N. Bay Village, FL 33141	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	THOMAS, DR. ROOSEVELT J		6.2 NAME		
STREET ADDRESS	101 OROVITZ BLDG.		6.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [illegible] 15 January 1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0030437