

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90008 020 ****61.25

DOCUMENT # 727488

1. Corporation Name

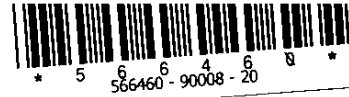
UM/CANTERBURY CHILD CARE CENTER, INC.

Principal Place of Business

**1150 STANFORD DR
CORAL GABLES FL 33146**

Mailing Address

**1150 STANFORD DR
CORAL GABLES FL 33146**



2. Principal Place of Business

21
Suite, Apt. #, etc.

22
City & State

23
Zip Country

24
25

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

28
Zip Country

29
30

3. Date Incorporated or Qualified

09/19/1973

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

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

1/20/99

12. OFFICERS AND DIRECTORS

TITLE **SD** ☐ DELETE
NAME **BEAMISH, CYNTHIA**
STREET ADDRESS **5800 SW 108 ST**
CITY-ST-ZIP **MIAMI FL**

TITLE **DT** ☐ DELETE
NAME **UITVLUGT, KATHY**
STREET ADDRESS **5863 SW 77 AVE**
CITY-ST-ZIP **MIAMI FL**

TITLE **DD** ☐ DELETE
NAME **HASSLER, THOMAS J**
STREET ADDRESS **414 GIRALDA AVE**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **A** ☐ DELETE
NAME **CORBISHLEY, REV. FRANK J**
STREET ADDRESS **1150 STANFORD DR.**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **D** ☐ DELETE
NAME **CHAPMAN, CHERYL**
STREET ADDRESS **1790 S TREASURE DR#4A**
CITY-ST-ZIP **N BAY VILLAGE FL**

TITLE **D** ☐ DELETE
NAME **THOMAS, DR. ROOSEVELT J**
STREET ADDRESS **101 OROVITZ BLDG.**
CITY-ST-ZIP **CORAL GABLES FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **D** ☒ Change ☐ Addition
2.2 NAME **UITVLUGT, KATHY**
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **PD** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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 with another title empowered.

SIGNATURE:

Susan A. Rosendahl
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)