

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 727488

1. Entity 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

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

59-1489157

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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 NAME STREET ADDRESS CITY-ST-ZIP	SD BEAMISH, CYNTHIA 5800 SW 108 ST MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UITVLUGT, KATHY 5863 SW 77 AVE MIAMI FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HASSLER, THOMAS J. 414 GIRALDA AVE CORAL GABLES FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A CORBISHLEY, REV. FRANK J 1150 STANFORD DR. CORAL GABLES FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAPMAN, CHERYL 1790 S TREASURE DR#4A N BAY VILLAGE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, DR. ROOSEVELT J 101 OROVITZ BLDG. CORAL GABLES FL <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President & Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President & Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Dr. Catherine Froelich 46 Samana Drive Coconut Grove, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary & Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Mrs. Caroline Bradley, Esq. 1436 Urbino Avenue Coral Gables, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #

FILED  
May 09, 2000 8:00 am  
Secretary of State

02-29-2000 90056 001 \*\*\*\*23.27

02-29-2000 90056 002 \*\*\*\*37.98



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)