

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Aug 06, 2001 08:00 AM****Secretary of State****DOCUMENT # 727488**

1. Entity Name

UM/CANTERBURY CHILD CARE CENTER, INC.

Principal Place of Business

Mailing Address

1150 STANFORD DR

1150 STANFORD DR

CORAL GABLES

FL

CORAL GABLES

FL

33146

33146

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1489157

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ROSENDAHL SUSAN A.

605 PORTIA CIRCLE

KEY LARGO

FL

33037

US

Name

PRICE BETH L

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

1150 STANFORD DRIVE

City

MIAMI

FL

Zip Code

33157

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 **BETH L. PRICE****08/06/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	THOMAS DR. ROOSEVELT J		NAME	THOMAS DR. ROOSEVELT J		
STREET ADDRESS	101 OROVITZ BLDG.		STREET ADDRESS	101 OROVITZ BLDG.		
CITY-ST-ZIP	CORAL GABLES FL		CITY-ST-ZIP	CORAL GABLES FL 33146		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHAPMAN CHERYL		NAME	MESSIAH SARAH		
STREET ADDRESS	1790 S TREASURE DR#4A		STREET ADDRESS	20627 NE 9TH PLACE		
CITY-ST-ZIP	N BAY VILLAGE FL		CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179		
TITLE	A	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CORBISHLEY REV. FRANK J		NAME			
STREET ADDRESS	1150 STANFORD DR.		STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL		CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HASSLER THOMAS J		NAME	FISCHL PAM		
STREET ADDRESS	414 GIRALDA AVE		STREET ADDRESS	5185 PONCE DE LEON		
CITY-ST-ZIP	CORAL GABLES FL		CITY-ST-ZIP	CORAL GABLES FL 33146		
TITLE	D	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	UITVLUGT KATHY		NAME	FROELICH CATHERINE MD		
STREET ADDRESS	5863 SW 77 AVE		STREET ADDRESS	46 SAMANA DRIVE		
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP	COCONUT GROVE FL 33133		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BEAMISH CYNTHIA		NAME	MITCHELL LYNN S		
STREET ADDRESS	5800 SW 108 ST		STREET ADDRESS	6700 SANTONA STREET		
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP	CORAL GABLES FL 33146		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Lynn S. Mitchell

PD

08/06/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)