

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2002 8:00 am**  
**Secretary of State**

03-03-2002 90124 042 \*\*\*\*61.25

**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**

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

**PRICE, BETH L  
 1150 STANFORD DRIVE  
 MIAMI FL 33157**

Name **Price, Beth L.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1150 STANFORD DRIVE**  
 City **CORAL GABLES** FL Zip Code **33146**

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**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/15/02**

**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 **PD** ☐ Delete  
 NAME **MITCHELL, LYNN S**  
 STREET ADDRESS **6700 SANTONA STREET**  
 CITY-ST-ZIP **CORAL GABLES FL 33146**

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

TITLE **VD** ☐ Delete  
 NAME **FROELICH, CATHERINE MD**  
 STREET ADDRESS **46 SAMANA DRIVE**  
 CITY-ST-ZIP **COCONUT GROVE FL 33133**

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

TITLE **D** ☒ Delete  
 NAME **FISCHL, PAM**  
 STREET ADDRESS **5185 PONCE DE LEON**  
 CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE **DR. T** ☐ Change ☒ Addition  
 NAME **STUEBEL, CANTRELL**  
 STREET ADDRESS **7230 SW 124 STREET**  
 CITY-ST-ZIP **MIAMI FL 33143**

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

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

TITLE **D** ☐ Delete  
 NAME **MESSIAH, SARAH**  
 STREET ADDRESS **20627 NE 9TH PLACE**  
 CITY-ST-ZIP **NORTH MIAMI BEACH FL 33179**

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

TITLE **D** ☐ Delete  
 NAME **THOMAS, DR. ROOSEVELT J**  
 STREET ADDRESS **101 OROVITZ BLDG.**  
 CITY-ST-ZIP **CORAL GABLES FL 33146**

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: **Brian A. Firestone**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/15/02**  
 Date

**(305) 284-543**  
 Daytime Phone #

CR2E037 (9/01)