

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730703

1. Entity Name

WEST FLORIDA CHILD CARE & EDUCATION SERVICES, IN

Principal Place of Business

Mailing Address

1800 NORTH PALAFOX
PENSACOLA FL 32501

1800 NORTH PALAFOX
PENSACOLA FL 32501-2141

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

23-7432194

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

8. The above named entity admits 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME D MCCORVEY, ELVIN
STREET ADDRESS HALL CENTER, 51 TEXAR DRIVE
CITY-ST-ZIP PENSACOLA FL

TITLE ☐ Change ☒ Addition
NAME P Errington, Kathryn
STREET ADDRESS 2257 North Palafox, Pensacola, Fla 32501
CITY-ST-ZIP

TITLE ☐ Delete
NAME M KIRSCH, BECKY
STREET ADDRESS 1800 NORTH PALAFOX STREET
CITY-ST-ZIP PENSACOLA FL 32501

TITLE ☐ Change ☒ Addition
NAME VP Brown, Eugene
STREET ADDRESS 29 South Spring
CITY-ST-ZIP Pensacola, FLA 32501

TITLE ☐ Delete
NAME D HURSTON, ROD
STREET ADDRESS P.O. BOX 711 N/A
CITY-ST-ZIP PENSACOLA FL

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

TITLE ☐ Delete
NAME D SALTER, BETTY
STREET ADDRESS P.O. BOX 13204 N/A
CITY-ST-ZIP PENSACOLA FL 32591

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

TITLE ☐ Delete
NAME T DRINKARD, BUBBA
STREET ADDRESS 4553 BERRYHILL RD.
CITY-ST-ZIP MILTON FL 32571

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

TITLE ☐ Delete
NAME D PYLE, ANN
STREET ADDRESS 150 EAST BURGESS RD.
CITY-ST-ZIP PENSACOLA FL 32501

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

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 #

1-26-00 850-595-5936

C0012969



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)