

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 733365

1. Entity Name

IRMA HUNTER WESLEY FORT LAUDERDALE CHILD DEVELOPMENT CENTER, INC.

Principal Place of Business

1409 N. W. SISTRUNK BLVD.
FORT LAUDERDALE FL 33311
US

Mailing Address

1409 N. W. SISTRUNK BLVD.
FORT LAUDERDALE FL 33311
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1420571

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WILLIAMS, BEVERLY
3369 N.W. 21ST STREET
LAUDERDALE LAKES FL 33311

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 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 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

TITLE PD
NAME WILLIAMS, BEVERLY
STREET ADDRESS 3369 N W 21 ST
CITY-ST-ZIP LAUDERDALE LKS FL ☐ Delete

TITLE TD
NAME WILSON, ERNESTINE
STREET ADDRESS 349 N W 30TH AVE
CITY-ST-ZIP FT LAUDERDALE FL ☐ Delete

TITLE D
NAME FLOYD, VICTORIA
STREET ADDRESS 2190 NW 32 TERR
CITY-ST-ZIP LAUDERDALE LAKES FL 33311 ☐ Delete

TITLE VD
NAME MORRIS, EILEEN
STREET ADDRESS 1524 N W 15 CT
CITY-ST-ZIP FT LAUDERDALE FL ☐ Delete

TITLE D
NAME SHEFFIELD, TONYA
STREET ADDRESS 182 SW 52ND TERRACE
CITY-ST-ZIP PLANTATION FL 33317 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

CR2E037 (9/01)

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 #

Beverly J. Williams

3-12-02

954-485-1548