

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90364 025 ****70.00

DOCUMENT # 733365

1. Entity Name
**IRMA HUNTER WESLEY FORT LAUDERDALE CHILD DEVELOP
MENT 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1420571**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	WILLIAMS, BEVERLY	
STREET ADDRESS	3369 N W 21 ST	
CITY-ST-ZIP	LAUDERDALE LKS FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WILSON, ERNESTINE	
STREET ADDRESS	349 N W 30TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLOYD, VICTORIA	
STREET ADDRESS	2190 NW 32 TERR	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33311	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MORRIS, EILEEN	
STREET ADDRESS	1524 N W 15 CT	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHEFFIELD, TONYA	
STREET ADDRESS	182 SW 52ND TERRACE	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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 REQUIRED**

4-17-03

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CR2E037 (10/02)