2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State
02-29-2000 90097 003 ****61.25

DOCUMENT # 734833

1. Entity Name

GERTRUDE WALDEN CHILD CARE CENTER, INC.

Principal Place of Business	Mailing Address
601 LAKE STREET STUART FL 34994-3152 US	601 LAKE STREET STUART FL 34994-3152 US

DO NOT WRITE IN THIS SPACE

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 59-1657492 ☐ 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
HARVEY, PHILLIP 5821 S E COLEE AVENUE STUART FL 34997	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 Phillip W. Harvey 2/9/2000
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	SD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SCOTT, BOBBIE		NAME		
STREET ADDRESS	906 S.E. LAKE STREET		STREET ADDRESS		
CITY-ST-ZIP	STUART FL		CITY-ST-ZIP		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HARVERY, PHILLIP		NAME		
STREET ADDRESS	5821 SE COLEE AVENUE		STREET ADDRESS		
CITY-ST-ZIP	STUART FL 34997		CITY-ST-ZIP		
TITLE	MD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WASHINGTON, THELMA M.		NAME		
STREET ADDRESS	184 NE BLAIRWOOD TRACE		STREET ADDRESS		
CITY-ST-ZIP	JENSEN BEACH FL		CITY-ST-ZIP		
TITLE	T	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BOWEN, JUDY		NAME		
STREET ADDRESS	1635 S W SILVER PINE WAY		STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL 34990		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PINGOLT, CYNTHIA		NAME		
STREET ADDRESS	2060 S E ST LUCIE BLVD		STREET ADDRESS		
CITY-ST-ZIP	STUART FL 34994		CITY-ST-ZIP		
TITLE	S	☒ Delete	TITLE	Secretary	☒ Change ☐ Addition
NAME	NEWMAN, SANDRA		NAME	Jennifer Neller	
STREET ADDRESS	902 E LAKE ST		STREET ADDRESS	1654 NW Spruce Ridge Drive	
CITY-ST-ZIP	STUART FL		CITY-ST-ZIP	Stuart, FL 34994	

CR2E037 (9/99)

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: Phillip W. Harvey SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 2/9/00 Date — (561)283-6321 Daytime Phone #