

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90137 019 *****61.25

DOCUMENT # 735553

1. Entity Name

UNITED CHILD CARE CENTERS, INC.



Principal Place of Business

C/O UNITED METHODIST CHURCH
PO BOX 2625
LAKELAND FL 33806-2625
US

Mailing Address

PO BOX 2625
1140 E MCDONALD ST
LAKELAND FL 33806-2625
US

2. Principal Place of Business

4740 Cleveland Heights Blvd

3. Mailing Address

PO Box 2625

Suite, Apt. #, etc.

Suite #2

Suite, Apt. #, etc.

City & State

Lakeland FL

City & State

Lakeland, FL

Zip

33813

Country

US

Zip

33806-2625

Country

US

4. FEI Number **59-1604493**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTIN, ALDO O
1140 E. MCDONALD ST.
LAKELAND FL 33801

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/03

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

TITLE **SD** ☐ Delete
NAME **PITTARD, LEAH**
STREET ADDRESS **1026 E. WALNUT ST.**
CITY-ST-ZIP **LAKELAND FL 33801**

TITLE **PD** ☐ Delete
NAME **LUCAS, MIKE**
STREET ADDRESS **6716 WOODSIDE CT**
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE **D** ☐ Delete
NAME **GOLDEN, GENEVA**
STREET ADDRESS **2623 BLUE BONNET DR**
CITY-ST-ZIP **SEBRING FL 33870**

TITLE **D** ☒ Delete
NAME **GREENE, CHARLES**
STREET ADDRESS **2730 CAROLINA AVE**
CITY-ST-ZIP **LAKELAND FL**

TITLE **TD** ☐ Delete
NAME **KRAUSE, PATRICIA A.**
STREET ADDRESS **1735 QUAIL RUN**
CITY-ST-ZIP **LAKELAND FL**

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
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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:

Patricia A. Krause
Signature, typed or printed name of officer, director, receiver or trustee

4/24/03

863-847-9628

CR2E037 (10/02)