

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 740698**

1. Entity Name

EARLY START DAY CARE CENTER, INC.

Principal Place of Business

1766 49TH STREET SOUTH
ST. PETERSBURG FL 33711

Mailing Address

1766 49TH STREET SOUTH
ST. PETERSBURG FL 33707-4343

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

59-1774448

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

**WASHINGTON, ESTELL
1922 23RD ST S
ST. PETERSBURG FL 33712**

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 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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CULLIVER, WILLIAM	
STREET ADDRESS	PO BOX 6047 N/A	
CITY-ST-ZIP	EVANSTON IL	

TITLE	D	<input type="checkbox"/> Delete
NAME	BRADFORD, ROSLINE	
STREET ADDRESS	863 3RD. AVE. N.	
CITY-ST-ZIP	ST. PETERSBURG FL	

TITLE	D	<input type="checkbox"/> Delete
NAME	BOYDSTON, BRYANT	
STREET ADDRESS	2600 9TH ST. N.	
CITY-ST-ZIP	ST. PETERSBURG FL	

TITLE	DS	<input type="checkbox"/> Delete
NAME	WASHINGTON, ESTELL	
STREET ADDRESS	1922 23RD ST S	
CITY-ST-ZIP	ST. PETERSBURG FL	

TITLE	D	<input type="checkbox"/> Delete
NAME	ZINN, DALE	
STREET ADDRESS	8410 4TH STREET N.	
CITY-ST-ZIP	ST. PETERSBURG FL	

TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, ALBERTA	
STREET ADDRESS	1438 10TH AVENUE S	
CITY-ST-ZIP	ST. PETERSBURG FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

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STREET ADDRESS		
CITY-ST-ZIP		

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)(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:

Estell Washington

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-00

Date

727-322-9248

Daytime Phone #