

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90196 036 ****61.25

0020950

DOCUMENT # 741337

1. Entity Name

CHIEFLAND CHILD DAY CARE CENTER, INC.

Principal Place of Business

**310 SW 10TH CIRCLE
PO BOX 1656
CHIEFLAND FL 32626**

Mailing Address

**310 SW 10TH CIRCLE
PO BOX 1656
CHIEFLAND FL 32626****C0012865**

DO NOT WRITE IN THIS SPACE

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

59-1787592

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WILLIAMS, ROBERT L
923 NE 11TH DRIVE
CHIEFLAND FL 32626**

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 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	S	<input type="checkbox"/> Delete
NAME	SCOTT, DOROTHY	
STREET ADDRESS	BOX 567 N/A	
CITY-ST-ZIP	CHIEFLAND FL 32626	

TITLE	VCD	<input type="checkbox"/> Delete
NAME	NELSON, CARETHA B.	
STREET ADDRESS	326 NE 5TH ST., BOX 277 N/A	
CITY-ST-ZIP	CHIEFLAND FL	

TITLE	P	<input type="checkbox"/> Delete
NAME	WILCOX, JOSEPH L.	
STREET ADDRESS	PO BOX 38 N/A	
CITY-ST-ZIP	CHIEFLAND FL	

TITLE	D	<input type="checkbox"/> Delete
NAME	LEE, ANDREW	
STREET ADDRESS	P.O. BOX 636 N/A	
CITY-ST-ZIP	CHIEFLAND FL	

TITLE	T	<input type="checkbox"/> Delete
NAME	WILLIAMS, EDDIE J	
STREET ADDRESS	P.O. BOX 123 N/A	
CITY-ST-ZIP	CHIEFLAND FL	

TITLE	D	<input type="checkbox"/> Delete
NAME	REYNOLDS, MARY	
STREET ADDRESS	P.O. BOX 2067 N/A	
CITY-ST-ZIP	CHIEFLAND 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
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
NAME	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)