

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

**FILED**  
**Aug 21, 2003 8:00 am**  
**Secretary of State**

08-21-2003 90108 022 \*\*\*\*61.25

**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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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. 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  
After September 10, 2003, min will be \$236.25**

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	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>SCOTT, DOROTHY</b>	
STREET ADDRESS	<b>BOX 567 N/A</b>	
CITY-ST-ZIP	<b>CHIEFLAND FL 32626</b>	
TITLE	<b>VCD</b>	<input type="checkbox"/> Delete
NAME	<b>NELSON, CARETHA B.</b>	
STREET ADDRESS	<b>326 NE 5TH ST., BOX 277 N/A</b>	
CITY-ST-ZIP	<b>CHIEFLAND FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>WILCOX, JOSEPH L.</b>	
STREET ADDRESS	<b>PO BOX 38 N/A</b>	
CITY-ST-ZIP	<b>CHIEFLAND FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SHEFFIELD, ESSIE M</b>	
STREET ADDRESS	<b>PO BOX 137</b>	
CITY-ST-ZIP	<b>CHIEFLAND FL 32644</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>WILLIAMS, EDDIE J</b>	
STREET ADDRESS	<b>P.O. BOX 123 N/A</b>	
CITY-ST-ZIP	<b>CHIEFLAND FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>REYNOLDS, MARY</b>	
STREET ADDRESS	<b>P.O. BOX 2067 N/A</b>	
CITY-ST-ZIP	<b>CHIEFLAND FL</b>	

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	

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:

*Caretha B. Nelson, Director 8-19-03 352-4939015*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)