

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 745679

1. Entity Name

RIDGECREST DAY CARE CENTER, INC.

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90217 038 ****61.25

Principal Place of Business

Mailing Address

13100 120TH LANE NORTH
LARGO FL 34648-1404

13100 120TH LANE NORTH
LARGO FL 33778

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

59-6045871

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

MCCLUSTER, BARBARA
13100 120TH LANE NORTH
LARGO FL 34648

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **BEAL, TASKER, JR**
CITY-ST-ZIP **1731 TAYLOR LAKE PLACE**
LARGO FL 33778

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **GARDNER, ANNIE**
CITY-ST-ZIP **13141 120TH STREET N.**
LARGO FL 33778

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **WATERS, GENEVA**
CITY-ST-ZIP **1200 BELCHER RD.**
LARGO FL 33773

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **AS**
STREET ADDRESS **BAILEY, WAYMON**
CITY-ST-ZIP **1090 16TH AVE**
LARGO FL 33770

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **ATD**
STREET ADDRESS **RUSSELL, LUTHERINE**
CITY-ST-ZIP **1397 CROSBY STREET**
LARGO FL 33778

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **ED**
STREET ADDRESS **MCCLUSTER, BARBARA**
CITY-ST-ZIP **13650 94TH AVE. N.**
SEMINOLE FL 33778

TITLE ☐ Change ☐ 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:

Barbara McCluster **Barbara McCluster** 1-26-00 (727) 584-8422

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF 13017 (3/99)