

2000 UNIFORM BUSINESS REPORT (UBR)

1/26/00-90118-004-\$70.00-\$70.00

DOCUMENT # 747853

1. Entity Name

CHILD DEVELOPMENT CENTER, INC.

FILED

00 MAR 31 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4620 17TH ST
SARASOTA FL 34235
US

Mailing Address

4620 17TH ST
SARASOTA FL 34235-1843
US

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

59-1947024

Applied For

Not Applied

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

HOWARD, PETER
4620 17TH STREET
SARASOTA FL 34235

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME DART, THOMAS
STREET ADDRESS 1549 RINGLING BLVD #600
CITY-ST-ZIP SARASOTA FL 34236TITLE ☐ Change ☒ Addition
NAME Calvin W. ERB
STREET ADDRESS 3230 South Gate Circle
CITY-ST-ZIP Sarasota, FL. 34239TITLE VD ☐ Delete
NAME CALDWELL, KELLY
STREET ADDRESS 201 CENTER RD
CITY-ST-ZIP SARASOTA FL 34292TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE SD ☐ Delete
NAME MCDANIEL, BILL
STREET ADDRESS 4457 GARCIA AVE
CITY-ST-ZIP SARASOTA FL 34233TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE TD ☒ Delete
NAME PARRISH, PAULINE J
STREET ADDRESS 1858 RINGLING BLVD
CITY-ST-ZIP SARASOTA FL 34236TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE P/O ☐ Delete
NAME CALVIN W. ERB
STREET ADDRESS 3230 South Gate Circle
CITY-ST-ZIP SARASOTA, FL. 34239TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: X *Mary Lou Johnson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/00

Date

(941) 371-8820

Daytime Phone #

DART SIGNATURE

2/28/00

941 371-8820

3/28/00

941 371-0140