

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90254 047 ****70.00

DOCUMENT # 747853

1. Entity Name

CHILD DEVELOPMENT CENTER, INC.

Principal Place of Business

Mailing Address

**4620 17TH ST.
 SARASOTA FL 34235
 US**

**4620 17TH ST
 SARASOTA FL 34235
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1947024

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**HOWARD, PETER
 4620 17TH STREET
 SARASOTA FL 34235**

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 **VD** ☐ Delete
 NAME **CALDWELL, KELLY**
 STREET ADDRESS **201 CENTER RD**
 CITY-ST-ZIP **SARASOTA FL 34292**

TITLE ☒ Change ☐ Addition
 NAME **Treasurer**
 STREET ADDRESS **Caldwell, Kelly**
 CITY-ST-ZIP **201 Center Rd**
Venice FL 34292

TITLE **SD** ☐ Delete
 NAME **MCDANIEL, BILL**
 STREET ADDRESS **4457 GARCIA AVE**
 CITY-ST-ZIP **SARASOTA FL 34233**

TITLE ☒ Change ☐ Addition
 NAME **Chairman**
 STREET ADDRESS **McDaniel, Bill**
 CITY-ST-ZIP **400 Madison Dr**
Sarasota FL 34234

TITLE **PD** ☒ Delete
 NAME **ERB, CALVIN W**
 STREET ADDRESS **3230 SOUTH GATE CIRCLE**
 CITY-ST-ZIP **SARASOTA FL 34239**

TITLE ☒ Change ☒ Addition
 NAME **Vice Chairman**
 STREET ADDRESS **Erb, Calvin W**
 CITY-ST-ZIP **3148A South Gate Circle**
Sarasota FL 34239

TITLE **S** ☐ Delete
 NAME **DOOLEY, DONNA**
 STREET ADDRESS **1333 LADINE LANE**
 CITY-ST-ZIP **SARASOTA FL 34231**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-9-02

CR2E037 (9/01)