

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

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90075 028 ****70.00

DOCUMENT # 747853

1. Entity Name

CHILD DEVELOPMENT CENTER, INC.



Principal Place of Business

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

Mailing Address

**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

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1947024**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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

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

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

TITLE **PD** ☐ Delete
NAME **ERBI, CALVIN W**
STREET ADDRESS **3148 A JOSEPH GATE CIRCLE**
CITY-ST-ZIP **SARASOTA FL 34239**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☒ Change ☐ Addition
NAME **John Nichols**
STREET ADDRESS **4001 Beneva Rd #415**
CITY-ST-ZIP **Sarasota FL 34233**

TITLE **SD** ☒ Change ☐ Addition
NAME **Gina Taylor**
STREET ADDRESS **630 North River Rd**
CITY-ST-ZIP **Venice FL 34293**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3148 A South Gate Circle**
CITY-ST-ZIP

TITLE **S** ☒ Change ☐ Addition
NAME **Cheray Keyes-Shima**
STREET ADDRESS **40 Sarasota Center Blvd #107**
CITY-ST-ZIP **Sarasota FL 34240**

TITLE ☐ Change ☐ Addition
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

CR2E037 (10/02)