

2001 UNIFORM BUSINESS REPORT (UBR)

4/26

FILED
May 18, 2001 8:00 am
Secretary of State

04-26-2001 90323 015 ****61.25

DOCUMENT # 760750

1. Entity Name

CENTRAL FLORIDA CHILD CARE CENTER, INC.

Principal Place of Business

426 S.W. 15TH ST.
 OCALA FL 34474
 US

Mailing Address

426 S.W. 15TH ST.
 OCALA FL 34474
 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

59-2134985

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

Name

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

City

FL

Zip Code

SIDDELL, ESTHER, R
2541 SE 37TH ST
OCALA FL 34471

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SIDDELL, ESTHER, S	
STREET ADDRESS	2541 SE 37TH ST	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ROBERTS, PATRICIA J.	
STREET ADDRESS	2841 SE 37TH STREET	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SIDDELL, STEVEN	
STREET ADDRESS	2541 SE 37TH ST	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	O	<input checked="" type="checkbox"/> Delete
NAME	MEJIA, AMY	
STREET ADDRESS	607 S.E. 18TH STREET	
CITY-ST-ZIP	OCALA FL 34471	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Anne Sapp	
STREET ADDRESS	3912 SE 8th Street	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Philip Bertels	
STREET ADDRESS	4331 NE 172nd Ave	
CITY-ST-ZIP	Silver Springs, FL 34483	
TITLE	Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Elizabeth Watson	
STREET ADDRESS	1404 Saxon Court Drive	
CITY-ST-ZIP	High Point, NC 27265	
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:

Esther R. Siddell (Esther R. Siddell) 4/20/2001 (352) 622-1893

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)