

2001 UNIFORM BUSINESS REPRT. (UBR)

4/26

DOCUMENT # 760750

1. Entity Name

CENTRAL FLORIDA CHILD CARE CENTER, INC.

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

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

Principal Place of Business		Mailing Address	
426 S.W. 15TH ST. OCALA FL 34474 US		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 Applicable5. 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	
SIDDELL, ESTHER, R 2541 SE 37TH ST OCALA FL 34471		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL

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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIDDELL, ESTHER, S 2541 SE 37TH ST OCALA FL 34471	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Anne Saap 3912 SE 8th Street Ocala, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ROBERTS, PATRICIA J. 2641 SE 37TH STREET OCALA FL 34471	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Philip Beretis 4331 NE 172nd Ave Silver Springs, FL 34483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SIDDELL, STEVEN 2541 SE 37TH ST OCALA FL 34471	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Officer Elizabeth Watson 1404 Sanderlin Drive High Point, NC 27265
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O MEJIA, AMY 607 S.E. 18TH STREET OCALA FL 34471	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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

CR2E037 (10/00)