

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 18, 2001 08:00 AM**
Secretary of State**DOCUMENT # F78017**1. Entity Name
SUNSHINE TREE CHILD CARE CENTER, INC.

Principal Place of Business 2036 RADNOR ROAD N. PALM BEACH 33408	FL	Mailing Address 2036 RADNOR ROAD N. PALM BEACH 33408	FL
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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

59-2224235

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOF ELIZABETH D
2036 RADNOR RD.**N. PALM BEACH**
33408 **US** **FL**

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 **ELIZABETH D HOF****04/18/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	T	<input type="checkbox"/> Delete
NAME	HOF P. KRISTIN	
STREET ADDRESS	831 STAFFORD DR.	
CITY-ST-ZIP	STUART FL 34996	

TITLE	V	<input type="checkbox"/> Delete
NAME	MOONEY KARYN	
STREET ADDRESS	6474 146TH RD. N.	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	

TITLE	P	<input type="checkbox"/> Delete
NAME	HOF, ELIZABETH D.	
STREET ADDRESS	2036 RADNOR RD	
CITY-ST-ZIP	N. PALM BEACH FL 33408	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH D HOF**P****04/18/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)