

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K80223

1. Entity Name

CAPE CORAL CHILD CARE CENTER, INC.

Principal Place of Business

810 LAFAYETTE STREET
CAPE CORAL FL 33904

Mailing Address

810 LAFAYETTE STREET
CAPE CORAL FL 33904

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-2689012**

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROOSA, RICHARD V.S.
1714 CAPE CORAL PARKWAY
CAPE CORAL FL 33910

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

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

CR2E034 (10/00)

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNCAN, DIANNA 1755 E CAPE CORAL PKWY CAPE CORAL FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	--	---------------------------------	--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNCAN, ROBERT K. 1755 E. CAPE CORAL PKWY. CAPE CORAL FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	---	---------------------------------	--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARZ, KETTY 340 N. W. 15TH TERRACE CAPE CORAL FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	--	---------------------------------	--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNCAN, JULIE 1755 E. CAPE CORAL PKWY. CAPE CORAL FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	---	---------------------------------	--	---

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

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

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: Dianna Duncan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-01

941-542-3938

Date

Daytime Phone #