2002 UNIFORM BUSINESS REPORT (UBR)

2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L92985 I. Entity Name IEW BEGINNINGS CHRISTIAN DAY CARE, INC.							FILED Feb 20, 2002 8:00 am Secretary of State 02-20-2002 90140 022 ***150.00				
Principal Place of Business 342 N. WLANUT STRET STARKE FL 32091 JS			Mailing Address 624 NORTH WALNUT STREET STARKE FL 32091								
2. Principal F	Place of Busi	ness	3. Mailing Address						OOUR BIEN DI		
Suite, Apt.	,#, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & Stat	te .		City & State				4. FEI Number 59-3030489 Applied For				
Zìp	* ;;	Country	Zip Coun		itry	5 Certificate of Status Desired \$8.75 Additi					
.,6, Name and Address of Current			Registered Agent			7. Name and Address of New Registered Agent					4
	ME RESE	3 - T	<u></u>		Name						1
NICHOLS, EULÄSKI 1967 WICHOLS 8 624 NORTH:WALNUT STREET					Street Addres	ss (P.O.	Box Number is Not Acceptable)				
	L 32091									·	1
	ME FALL				City			FL	Zip Code	e	┨
Tax filing	oration is elig	or printed name of registered agent and gible fo satisfy its Intangible and elects to do so.	FILE NOW! After May 1, 200 Make Check Payab	!! FEE 02 Fee	will be \$550.0	. <u> </u>	10. Election Campaign Finan Trust Fund Contribution	DATE		0 May Be	
11.	1	OFFICERS AND DIF		12.		Al	DDITIONS/CHANGES TO OFFICE]_
STREET ADDRESS	P Delete EULA, NICHOLS NE 19ST LAWTEY FL				TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	Addition	CR2E034 (9/01)
NAME TO THE	STANDS SERVICE ROBERT JR, NICHOLS NE 19STE LAWTEY FL			NAM STRE	TITLE NAME STREET ADDRESS CITY-ST-ZIP			_ Change	☐ Addition	טֿ	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Delete MURUNGI, ROSALYN 6546 NW 25 TERR GAINESVILLE FL				E ET ADDRESS -ST-ZIP						
TITLE			Delete	~TITLE				[Change	Addition	1
NAME		AND		NAM	_						
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP				<u> </u>		
TITLE NAME STREET ADDRESS ĆITY-ST-ZIP	□ Delete				NAME STREET ADDRESS DITY-ST-ZIP				Change	Addition	:
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>		Delete	TITLE NAMI STRE	<u> </u>			[Change	Addition	
13. I hereby of indicated of the cor	l on this repo rporation or t	rt or supplemental report is tru	e and accurate and that made to execute this report.	the exe	mption stated in ture shall have the	he same	119.07(3)(i), Florida Statutes, I fu legal effect as if made under oat ida Statutes; and that my name a	n; that I am	an officer	or director	, r