

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000004108

1. Entity Name

HAPPY PLACE CHILD CARE, INC.

Principal Place of Business

9913 N.W. 4TH PLACE
GAINESVILLE FL 32607

Mailing Address

9913 N.W. 4TH PLACE
GAINESVILLE FL 32607

2. Principal Place of Business

928 SE 12th AVE.

Suite, Apt. #, etc.
Gainesville Florida
City & State

3. Mailing Address

928 SE 12th AVE.

Suite, Apt. #, etc.
Gainesville Florida
City & State

Zip

32601

Country

Alachua

Zip

32601

Country

Alachua

6. Name and Address of Current Registered Agent

BRYANT, MARCIA
9913 N.W. 4TH PLACE
GAINESVILLE FL 32607

4. FEI Number

59-3651117

Applied For

Not Applicable

5. Certificate of Status Desired

2

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name
Marcia Bryant

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

928 SE 12th Ave

Gainesville

FL

Zip Code

32601

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 P
NAME BRYANT, MARCIA
STREET ADDRESS 9913 N.W. 4TH PLACE
CITY-ST-ZIP GAINESVILLE FL 32607

TITLE V
NAME BRYANT, ANDRAE
STREET ADDRESS 9913 N.W. 4TH PLACE
CITY-ST-ZIP GAINESVILLE FL 32607

TITLE ST
NAME MCCLLOUD, TONETTE
STREET ADDRESS 9913 N.W. 4TH PLACE
CITY-ST-ZIP GAINESVILLE FL 32607

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P D
NAME Bryant Marcia D
STREET ADDRESS 928 SE 12th AVE
CITY-ST-ZIP Gainesville FL 32601

TITLE V D
NAME Bryant, Andrae D
STREET ADDRESS 928 SE 12th AVE
CITY-ST-ZIP Gainesville FL 32601

TITLE ST D
NAME McCloud, Tonette D
STREET ADDRESS 928 SE 12th AVE
CITY-ST-ZIP Gainesville FL 32601

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(852) 371-9823

FILED
Sep 21, 2001 8:00 am
Secretary of State

08-29-2001 90017 033 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)