

2001 UNIFORM BUSINESS REPORT (UBR)

5/3

FILED

May 25, 2001 8:00 am
Secretary of State

05-03-2001 91118 029 ****70.00

DOCUMENT #

NO0000004172

1. Entity Name

Infants & Young Children of
West Central Florida, Inc.

Principal Place of Business

Mailing Address

3902 Henderson Blvd, #205
Tampa, FL 33629

Mailing: PO Box 82485, Tampa, FL 33682-2485

2. Principal Place of Business

3902 Henderson Blvd

Suite, Apt. #, etc.

205

City & State

Tampa, FL

Zip

33629

Country

USA

3. Mailing Address

PO Box 82485

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33682-2485

Country

USA

4. FEI Number

59-3675394

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

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

Patricia L. Grosz

Signature, typed or printed name of registered agent (not applicable)

(NOTE: Registered Agent signature required when reinstating)

4/18/01

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
Chair President of the Board
NAME PO Box 763
STREET ADDRESS Brandon, FL 33509
CITY-STATE-ZIP DONELLE WHITE

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME Vice President of Board
STREET ADDRESS 301 N. Florida Avenue
CITY-STATE-ZIP Lakeland, FL 33802
KATE HOWZE

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME Treasurer of Board
STREET ADDRESS 5308 26th Ave Ct West
CITY-STATE-ZIP Bradenton, FL 34209
MARC H. FELDMAN

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME Secretary of Board
STREET ADDRESS 7205 S. George Blvd.
CITY-STATE-ZIP Sebring, FL 33872
MARY LOU OUTLAW

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME Executive Director
STREET ADDRESS 3902 Henderson Blvd, #205
CITY-STATE-ZIP Tampa, FL 33629
PAT GROSZ

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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:

Patricia L. Grosz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED37 (11/00)