2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000005168

1. Entity Name

LOVING LAMBS CHILD CARE CENTER, INC.

Principal Place of Business	Mailing Address
132 GILMORE ST HASTINGS FL 32145	P O BOX 542 HASTINGS FL 32145

DO NOT WRITE IN THIS SPACE

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 59-3661571   Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CAVE, THOMAS II 115 CHASE ST HASTINGS FL 32145	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

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	TD	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	BOYD, L J		NAME			
STREET ADDRESS	8837 W CHURCH ST		STREET ADDRESS			
CITY-ST-ZIP	HASTINGS FL 32145		CITY-ST-ZIP			
TITLE	PD	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	CAVE, THOMAS III		NAME			
STREET ADDRESS	115 CHASE ST		STREET ADDRESS			
CITY-ST-ZIP	HASTINGS FL 32145		CITY-ST-ZIP			
TITLE	VD	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	CAVE, PHYLLIS L		NAME			
STREET ADDRESS	115 CHASE ST		STREET ADDRESS			
CITY-ST-ZIP	HASTINGS FL 32145		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

CR2E037 (10/00)

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: _Thomas Cave, III_   3-21-01   904-692-2756

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #