

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT #** NO00000006242**1. Entity Name**Community Childcare  
Training Center of Florida, Inc.**Principal Place of Business****Mailing Address**5708 Orient Road  
Tampa, Fl. 33610**2. Principal Place of Business**5708 Orient Rd.  
Suite, Apt. #, etc.**3. Mailing Address**5708 Orient Road  
Suite, Apt. #, etc.**City & State**Tampa, Florida**City & State**Tampa, Fl.**4. FEI Number**59-3684823**Applied For**☐ Not Applicable**Zip**33610**Country**U.S.A**Zip**33610**Country**U.S.A  
Hillsborough**5. Certificate of Status Desired**☒ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent**Danice Donaldson  
1413 John Moore Rd.  
Brandon, Florida 33511**7. Name and Address of New Registered Agent**Danice M. Donaldson  
5708 Orient Road  
Tampa FL 33610**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**Danice M. Donaldson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**6-11-2001**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**

<b>TITLE</b>	<u>Danice M. Donaldson</u> <input type="checkbox"/> Delete
<b>NAME</b>	<u>1413 John Moore Rd.</u>
<b>STREET ADDRESS</b>	<u>Brandon, Florida 33511</u>
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<u>Monica Beasley</u> <input type="checkbox"/> Delete
<b>NAME</b>	<u>1601 Elk Springs Dr</u>
<b>STREET ADDRESS</b>	<u>Brandon, Florida 33511</u>
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<u>Wilma Ferrell</u> <input type="checkbox"/> Delete
<b>NAME</b>	<u>4509 Chateau Rd.</u>
<b>STREET ADDRESS</b>	<u>Orlando, Florida</u>
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<u>Butford Pittman</u> <input type="checkbox"/> Delete
<b>NAME</b>	<u>2014 Elk Springs Dr</u>
<b>STREET ADDRESS</b>	<u>Brandon, Fl. 33511</u>
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<u>Raynetta Wynn</u> <input type="checkbox"/> Delete
<b>NAME</b>	<u>1018 Brynlor Lane</u>
<b>STREET ADDRESS</b>	<u>Orlando, Florida</u>
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<u>LeCandrs Donaldson</u> <input type="checkbox"/> Delete
<b>NAME</b>	<u>9509 Windemere Pk Circle</u>
<b>STREET ADDRESS</b>	<u>Riverview, Florida 33569</u>
<b>CITY-ST-ZIP</b>	

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

**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:**Danice M. Donaldson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-16-2001

Date

813-630-1772

Daytime Phone #

**FILED**  
**Jun 26, 2001 8:00 am**  
**Secretary of State**

06-26-2001 90014 001 \*\*\*\*61.25

06-26-2001 90014 002 \*\*\*\*\*8.75

06-26-2001 90014 003 \*\*\*\*\*5.00

**75451**

DO NOT WRITE IN THIS SPACE

CR2E037 (11/00)