

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N01000002419**

1. Entity Name

CHILD CARE RESOURCES PROPERTY OWNERSHIP, INC.

Principal Place of Business

Mailing Address

1731 NW 6TH ST.
GAINESVILLE FL 326091731 NW 6TH ST.
GAINESVILLE FL 32609

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

59-3727023

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

Name

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

City

FL

Zip Code

KELLEHER, BARBARA A
1731 NW 6TH ST.
GAINESVILLE FL 32609

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 \$61.259. 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
NAME **D**
STREET ADDRESS **MAXWELL, LULA**
CITY-ST-ZIP **PO BOX 357636**
GAINESVILLE FL 32635-7636TITLE ☒ Change ☐ Addition
NAME **P D**
STREET ADDRESS **Maxwell Lula**
CITY-ST-ZIP **2642 NE 43rd Ave**
Gainesville FL 32635-1608TITLE ☐ Delete
NAME **D**
STREET ADDRESS **CHESTNUT, CYNTHIA M EDD**
CITY-ST-ZIP **911 NE BLVD**
GAINESVILLE FL 32601TITLE ☒ Change ☐ Addition
NAME **V D**
STREET ADDRESS **Chestnut Cynthia M Edd**
CITY-ST-ZIP **911 NE Blvd**
Gainesville FL 32601TITLE ☒ Delete
NAME **D**
STREET ADDRESS **HANRAHAN, MARY ELLEN**
CITY-ST-ZIP **3730 NW 16TH PL**
GAINESVILLE FL 32605TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **CAMERON, ROBERT**
CITY-ST-ZIP **6233 NW 35 TERRACE**
GAINESVILLE FL 32653TITLE ☒ Change ☐ Addition
NAME **T D**
STREET ADDRESS **Cameron Robert**
CITY-ST-ZIP **6233 NW 35 Terrace**
Gainesville FL 32653TITLE ☒ Delete
NAME **D**
STREET ADDRESS **ALLEN, JANET**
CITY-ST-ZIP **8723 SW 103 AVE**
GAINESVILLE FL 32608TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Delete
NAME **D**
STREET ADDRESS **BROWN, RUTH WELCOME**
CITY-ST-ZIP **913 NE 22ND ST**
GAINESVILLE FL 32641TITLE ☐ Change ☐ Addition
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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 01, 2002 8:00 am
Secretary of State

02-19-2002 90094 014 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)