

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2003 8:00 am**  
**Secretary of State**

02-28-2003 90136 041 \*\*\*\*61.25

**DOCUMENT # NO1000002419**

1. Entity Name

**CHILD CARE RESOURCES PROPERTY OWNERSHIP, INC.**



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

**515 N MAIN ST**

3. Mailing Address

**515 N MAIN ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**GAINESVILLE FL**

City & State

**GAINESVILLE FL**

Zip

**32601**

Country

Zip

**32601**

Country

4. FEI Number **59-3727023**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

**515 N MAIN ST**

City

**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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAXWELL, LULA 2642 NE 43RD AVENUE GAINESVILLE FL 32635-1608	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHESTNUT, CYNTHIA M EDD 911 NE BLVD. GAINESVILLE FL 32601	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CAMERON, ROBERT 6233 NW 35 TERRACE GAINESVILLE FL 32653	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SUSAN O. WHITE 9105 SE 225 DR HAWTHORNE FL 32640	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPD ALVIN B. BUTLER 1204 NW 13 ST. GAINESVILLE, FL 32601	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARGARET A. PARRISH 1633 NE 18 PL GAINESVILLE, FL 32609	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP JAMES N. SMITH P.O. BOX 390 1/0 Box 3 GAINESVILLE, FL 32602	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GERMAINE J. PHILLIP 4401 NW 19 AVE GAINESVILLE FL 32605	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (10/02)

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: BARBARA A. KELLEHER** *Barbara A. Kelleher* **2/18/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR