

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

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90146 002 ****61.25

DOCUMENT # N01000006796

1. Entity Name

ST. MARY'S CHILD DEVELOPMENT CENTER, INC.



Principal Place of Business

**5325 GREENWOOD AVENUE
SUITE 201
WEST PALM BEACH FL 33401**

Mailing Address

**5325 GREENWOOD AVENUE
SUITE 201
WEST PALM BEACH FL 33401**

2. Principal Place of Business

3. Mailing Address

5325 GREENWOOD AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 201

City & State

City & State

FLORIDA

Zip

Country

Zip

Country

33407

U.S.A

4. FEI Number

30-0002887

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

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

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

SIGNATURE **TED WASSERMAN**

(NOTE: Registered Agent signature required when reinstating)

DATE

4/21/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **MARMERSTEIN, PETER**
STREET ADDRESS **901 45TH STREET**
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

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

TITLE **D** ☐ Delete
NAME **ROSS, CARL D**
STREET ADDRESS **500 W.CYPRESS CREEK ROAD#370**
CITY-ST-ZIP **FT.LAUDERDALE FL 33309**

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

TITLE **D** ☐ Delete
NAME **STEIGMAN, DON**
STREET ADDRESS **500 W.CYPRESS CREEK ROAD#370**
CITY-ST-ZIP **FT.LAUDERDALE FL 33309**

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

TITLE **ST** ☐ Delete
NAME **WASSERMAN, TED DR**
STREET ADDRESS **5325 GREENWOOD AVENUE #201**
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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 registered agent 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:

TED WASSERMAN

4/21/03

561-881-2822

CR2E037 (10/02)