

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000001117

FILED
Apr 23, 2003
Secretary of State

Entity Name: PROGRESSIVE EARLY CHILDHOOD DEVELOPMENT CENTER, INC.

Current Principal Place of Business:

149 MANLEY RD.
WAUCHULA, FL 33873

New Principal Place of Business:

Current Mailing Address:

149 MANLEY RD.
WAUCHULA, FL 33873

New Mailing Address:

FEI Number: 65-0912839 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITERS, LUTHER C
149 MANLEY RD.
WAUCHULA, FL 33873

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: POWELL, ARTHUR JR
Address: 6820 N THATCHER AVE
City-St-Zip: TAMPA, FL 33614

Title: T () Delete
Name: MURPHY, LILLIE
Address: 2055 N. TURBOT RD.
City-St-Zip: AVON PARK, FL 33825

Title: T () Delete
Name: WHITERS, LUTHER CALVIN
Address: 681 CHAMBERLAIN BLVD.
City-St-Zip: WAUCHULA, FL 33873

Title: T () Delete
Name: BELCHER, VIRGINIA
Address: 790 CHAMBERLARIN BLVD.
City-St-Zip: WAUCHULA, FL 33873

Title: T (X) Delete
Name: UNDERWOOD, TOMMIE B
Address: 1025 S 9TH AVE.
City-St-Zip: WAUCHULA, FL 33873

Title: T () Delete
Name: FERGUSON, EVELYN
Address: 4265 JEFFERSON ST.
City-St-Zip: ONA, FL 33865

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: ROMEO, DEBBIE
Address: 1615 LINCOLN STREET
City-St-Zip: WAUCHULA, FL 33873

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LILLIE MURPHY, OFFICER

T

04/23/2003

Electronic Signature of Signing Officer or Director

_____ Date