2000 UNIFORM BUSINESS REPORT (UBR)

FILED

00 MAY 15 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N11173

1. Entity Name

ALPHA-TIME CHILDREN CENTER OF PALM BEACH COUNTY,

Principal Place of Business	Mailing Address
770 S.W. 12TH TERRACE DELRAY BEACH FL 33444-1367	770 S.W. 12TH TERRACE DELRAY BEACH FL 33444-1367

DO NOT WRITE IN THIS SPACE

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 59-2573564 ☐ 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
TAYLOR, SEMMIE Z 5344 JOG LANE DELRAY BEACH FL 33484	Name Street Address (P.O. Box Number is Not Acceptable) 4093 NW 2nd Lane City: Delray Beach FL Zip Code 33446

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 Semmie Z. Taylor Sr.
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 Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TAYLOR, SEMMIE Z 5344 JOG LANE DELRAY BEACH FL 33484	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 4093 N.W. 2nd Lane Delray Beach, FL 33446
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD TAYLOR, DORIS N 5344 JOG LANE DELRAY BEACH FL 33484	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ☒ Change ☐ Addition 4093 N.W. 2nd Lane Delray Beach, FL 33446
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD TAYLOR, ARISSIE 752 ST. ALBANS DRIVE BOCA RATON FL 33486	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TAYLOR, SEMMIE Z JR. 5344 JOG LANE DELRAY BEACH FL 33484	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, YVETTE 110 N.E. 27TH AVENUE BOYNTON BEACH FL 33435	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition TS
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	05/12/00 90006 005 70.00	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Sharlene Perkins 16316 County Lake Circle Delray Beach, FL 33484 ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(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: Arissie Taylor Arissie Taylor 04/01/00 561-278-7771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #