

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2001 8:00 am
Secretary of State

06-02-2001 90005 023 ****70.00

DOCUMENT # N11173

1. Entity Name

ALPHA-TIME CHILDREN CENTER OF PALM BEACH COUNTY.

Principal Place of Business

**770 S.W. 12TH TERRACE
 DELRAY BEACH FL 33444-1367**

Mailing Address

**770 S.W. 12TH TERRACE
 DELRAY BEACH FL 33444-1367**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

**TAYLOR, SEMMIE Z
 4093 NW 2ND LANE
 DELRAY BEACH FL 33446**

7. Name and Address of New Registered Agent

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.

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
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	TAYLOR, SEMMIE Z	
STREET ADDRESS	4093 N.W. 2ND LANE	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TAYLOR, DORIS N	
STREET ADDRESS	4093 N.W. 2ND LANE	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TAYLOR, ARISSIE	
STREET ADDRESS	752 ST. ALBANS DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	D	<input type="checkbox"/> Delete
NAME	TAYLOR, SEMMIE Z JR.	
STREET ADDRESS	5344 JOG LANE	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, YVETTE	
STREET ADDRESS	110 N.E. 27TH AVENUE	
CITY-ST-ZIP	BOYNTON BEACH FL 33485	
TITLE	S	<input type="checkbox"/> Delete
NAME	PERKINS, SHARLENE	
STREET ADDRESS	16316 COUNTY LAKE CIRCLE	
CITY-ST-ZIP	DELRAY BEACH FL 33484	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 4/1/2001 (561) 278-7771

CR2E037 (10/00)

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DO NOT WRITE IN THIS SPACE