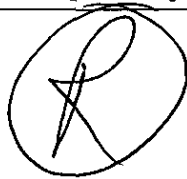


# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N16209

1. Entity Name

OAKLAND COMMUNITY DAYCARE CENTER, INC.



**FILED**  
**Sep 13, 2000 8:00 am**  
**Secretary of State**

09-13-2000 90052 005 \*\*\*\*61.25

|   |   |
|---|---|
| Principal Place of Business<br>CORNER OF AVENUE & 8TH STREET<br>P.O. BOX 492<br>HAINES CITY FL 33845-0492 | Mailing Address<br>CORNER OF AVENUE & 8TH STREET<br>P.O. BOX 492<br>HAINES CITY FL 33845-0492 |
|---|---|

|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|---|---|

|              |              |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>59-2716868 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br>WEST, HORACE<br>1103 N 21ST STREET<br>HAINES CITY FL 33844 |
|---|

|  |
|--|
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 | (NOTE: Registered Agent signature required when reinstating) | DATE |
|-----------|--|------|

|  |   |                             |  |
|--|---|-----------------------------|--|
| FILE NOW: FEE IS \$61.25<br>After September 13, 2000 min. will be \$236.25 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make Check Payable to<br>Department of State |
|--|---|-----------------------------|--|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>STEWART, MERVIN<br>67 DEENAWAY<br>WINTER HAVEN FL<br><input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>WEST, HORACE<br>1103 N 21ST STREET<br>HAINES CITY FL<br><input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SPILLMAN, DERRICK<br>3601 BAKER AVENUE APT 79<br>HAINES CITY FL<br><input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>HAMILTON, JOSEPH<br>P.O. BOX 222 N/A<br>HAINES CITY FL<br><input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>WEST, MORRIS<br>2218 NORTH NAVEL CIRCLE<br>HAINES CITY FL<br><input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: | 8/14/00 | Daytime Phone # |
|------------|---------|-----------------|

CR2E037 (5/00)