

2000 UNIFORM BUSINESS REPORT (UBR)

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

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

DOCUMENT # N16209

1. Entity Name
OAKLAND COMMUNITY DAYCARE CENTER, INC.



Principal Place of Business CORNER OF AVENUE & 8TH STREET P.O. BOX 492 HAINES CITY FL 33845-0492	Mailing Address CORNER OF AVENUE & 8TH STREET P.O. BOX 492 HAINES CITY FL 33845-0492
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

4. FEI Number **59-2716868** Applied For Not Applicable

Zip	Country	Zip	Country
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WEST, HORACE
1103 N 21ST STREET
HAINES CITY FL 33844

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 _____ (NOTE: Registered Agent signature required when reinstating)
 Signature, typed or printed name of registered agent and title if applicable DATE _____

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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	P	<input type="checkbox"/> Delete
NAME	STEWART, MERVIN	
STREET ADDRESS	67 DEENAWAY	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEST, HORACE	
STREET ADDRESS	1103 N 21ST STREET	
CITY-ST-ZIP	HAINES CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPILLMAN, DERRICK	
STREET ADDRESS	3601 BAKER AVENUE APT 79	
CITY-ST-ZIP	HAINES CITY FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	HAMILTON, JOSEPH	
STREET ADDRESS	P.O. BOX 222 N/A	
CITY-ST-ZIP	HAINES CITY FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	WEST, MORRIS	
STREET ADDRESS	2218 NORTH NAVAL CIRCLE	
CITY-ST-ZIP	HAINES CITY FL	
TITLE		<input type="checkbox"/> Delete

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

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: Mervin Stewart Date: 8/14/00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # _____

CR2E037 (5/00)