

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N17617

1. Entity Name

NORTHWEST VOLUSIA DAY CARE CENTER, INC.

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90042 013 \*\*\*\*61.25

Principal Place of Business

724 N. WOODLAND BLVD.  
DELAND FL 32720

Mailing Address

724 N. WOODLAND BLVD.  
DELAND FL 32720-2707

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MCALLASTER, JOSEPH E.  
1 ROLLINGWOOD TRAIL  
DELAND FL 32724

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Delete
NAME	AMMON, KATHLEEN F.	
STREET ADDRESS	960 W FRENCH AVE	
CITY-ST-ZIP	ORANGE CITY FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MCALLASTER, JOSEPH	
STREET ADDRESS	1 ROLLINGWOOD TRAIL	
CITY-ST-ZIP	DELAND FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BRADDOCK, MICHAEL	
STREET ADDRESS	774 SHAW LAKE RD	
CITY-ST-ZIP	PIERSON FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MARIS, GARY	
STREET ADDRESS	120 W PENNSYLVANIA AVE	
CITY-ST-ZIP	DELAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)