

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N17617

1. Entity Name

NORTHWEST VOLUSIA DAY CARE CENTER, INC.

Principal Place of Business

724 N. WOODLAND BLVD.  
DELAND FL 32720

Mailing Address

724 N. WOODLAND BLVD.  
DELAND FL 32720

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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCALLASTER, JOSEPH E.  
1 ROLLINGWOOD TRAIL  
DELAND FL 32724

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 SD  
NAME AMMON, KATHLEEN F.  
STREET ADDRESS 960 W FRENCH AVE  
CITY-ST-ZIP ORANGE CITY FL

☐ Delete

TITLE PD  
NAME MCALLASTER, JOSEPH  
STREET ADDRESS 1 ROLLINGWOOD TRAIL  
CITY-ST-ZIP DELAND FL

☐ Delete

TITLE TD  
NAME BRADDOCK, MICHAEL  
STREET ADDRESS 774 SHAW LAKE RD  
CITY-ST-ZIP PIERSON FL

☐ Delete

TITLE VD  
NAME MARIS, GARY  
STREET ADDRESS 120 W PENNSYLVANIA AVE  
CITY-ST-ZIP DELAND FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
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CITY-ST-ZIP

☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jan 23, 2001 8:00 am  
Secretary of State

01-23-2001 90027 021 \*\*\*\*61.25

701381



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)