2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State
02-14-2000 90032 010 ****61.25

DOCUMENT # N20490

1. Entity Name

CHILD DEVELOPMENT CENTER OF POLK COUNTY, INC.

811641

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
716 EAST BELLA VISTA STREET C/O PAULA SULLIVAN LAKELAND FL 33805	716 EAST BELLA VISTA STREET C/O PAULA SULLIVAN LAKELAND FL 33805-3009

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

4. FEI Number 59-0774205 ☐ Applied For ☐ Not Applicable

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
SULLIVAN, PAULA 716 EAST BELLA VISTA STREET LAKELAND FL 33805	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P TURNEVILLE, ANTONY P.O. BOX 484 N/A KATHLEEN FL 33849	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Ronald Losch P.O. Box 407 N/A Lakeland, FL 33802	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP LOSCH, RONALD P.O. BOX 407 N/A LAKELAND FL 33802	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Carolyn Morrell P.O. Box 407 N/A Lakeland, FL 33802	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD TRUEBLOOD, ALICE IMPERIAL SOUTHGATE, VALLA # 86 LAKELAND FL 33803	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BORDEN, JUDY 410 COURTLAND AVE. BARTOW FL 33830	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD M. Stacie Poppell P.O. Box FFF N/A Plant City, FL 33564	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORRELL, CAROLYN P O BOX 407 LAKELAND FL 33802	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD TURBEVILLE, TONY 7323 FLORAL CIRCLE W LAKELAND FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: Ron Losch (Ron Losch) 2/2/00 863/683-6504
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #