

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90042 024 ****61.25

DOCUMENT # N32993

1. Entity Name

JACKSONVILLE CENTER DAYCARE, INC.

Principal Place of Business

Mailing Address

**10 AVIATION AVENUE
 HILLIARD FL 32046
 US**

**10 AVIATION AVENUE
 HILLIARD FL 32046
 US**

4 4 4 4 4 0



DO NOT WRITE IN THIS SPACE

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

**WILSON, MAURICE D
 11391 SECRETARIAL LANE W.
 JACKSONVILLE FL 32218**

Name

Richard Giles

Street Address (P.O. Box Number is Not Acceptable)

1617 Saddlebrook LANE

City

Jacksonville

FL

Zip Code

32221

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

Richard M. Giles

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/1/02

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 **VPD** ☐ Delete
 NAME **LITTLE, WILLIAM C**
 STREET ADDRESS **616 THORNBERRY RD.**
 CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE **D** ☒ Change ☐ Addition
 NAME **William C. Little**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** ☐ Delete
 NAME **WILSON, MAURICE**
 STREET ADDRESS **11391 SECRETARIAL LANE W.**
 CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE **VD** ☒ Change ☐ Addition
 NAME **maurice Wilson**
 STREET ADDRESS **11391 Secretariat Lane W.**
 CITY-ST-ZIP **Jacksonville, FL 32218**

TITLE **TSD** ☐ Delete
 NAME **LENARD, JACQUINE J**
 STREET ADDRESS **2208 PINE ST**
 CITY-ST-ZIP **HILLIARD FL 32046**

TITLE **SD** ☒ Change ☐ Addition
 NAME **Jacqueline J. Lenard**
 STREET ADDRESS **2208 Pine St**
 CITY-ST-ZIP **Hilliard, FL 32046**

TITLE **D** ☐ Delete
 NAME **BROCK, PENNY**
 STREET ADDRESS **2920 N KING ROAD**
 CITY-ST-ZIP **HILLIARD FL 32046**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **GILES, RICHARD**
 STREET ADDRESS **1617 SADDLEBROOK LANE**
 CITY-ST-ZIP **JACKSONVILLE FL 32221**

TITLE **PD** ☒ Change ☐ Addition
 NAME **Richard Giles**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☐ Change ☒ Addition
 NAME **Theodora Lynn Richardson**
 STREET ADDRESS **939 Tortoise Way**
 CITY-ST-ZIP **Jacksonville, FL 32218**

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:

Jacqueline J. Lenard
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/02

Date

904-845-1736

Daytime Phone #

CR2E037 (9/01)