

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90124 017 ****61.25

DOCUMENT # N32993

1. Entity Name

JACKSONVILLE CENTER DAYCARE, INC.



Principal Place of Business

**10 AVIATION AVENUE
HILLIARD FL 32046
US**

Mailing Address

**10 AVIATION AVENUE
HILLIARD FL 32046
US**

2. Principal Place of Business

37063 Jumping Jack Lane

Suite, Apt. #, etc.

Hilliard, Florida

City & State

Hilliard, FL

Zip

32046

Country

U.S.A.

3. Mailing Address

37063 Jumping Jack Lane

Suite, Apt. #, etc.

Hilliard, Florida

City & State

Hilliard, FL

Zip

32046

Country

U.S.A.



☐ CHECK HERE IF MAKING CHANGES

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

**RICHARD, GILES
1617 SADDLEBROOK LANE
JACKSONVILLE FL 32221**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

TITLE **SD** ☐ Delete
NAME **LENARD, JACQUILINE J**
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 **PD** ☐ Delete
NAME **GILES, RICHARD**
STREET ADDRESS **1617 SADDLEBROOK LANE**
CITY-ST-ZIP **JACKSONVILLE FL 32221**

TITLE **TD** ☐ Delete
NAME **THEODORA, RICHARDSON L**
STREET ADDRESS **939 TORTOISE WAY**
CITY-ST-ZIP **JACKSONVILLE FL 32218**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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:

Richard Giles

4/4/03 904 845 3552

CR2E037 (10/02)