

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36370

1. Entity Name

A COUNTRY DAY-CARE, INC.

Principal Place of Business

11364 ROBINSON LANE  
DUNNELLON FL 34431

Mailing Address

11364 ROBINSON LANE  
DUNNELLON FL 34431

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

59-2987785

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SHEROUSE, MICHAEL F  
17613 S.W. 116TH PLACE  
DUNELLON FL 34432

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 PD  
NAME SHEROUSE, KELLY  
STREET ADDRESS 17613 S.W. 116TH PLACE  
CITY-ST-ZIP DUNNELLON FL 34432 ☐ Delete

TITLE VD  
NAME SHEROUSE, MICHAEL F  
STREET ADDRESS 17613 S.W. 116TH PLACE  
CITY-ST-ZIP DUNNELLON FL 34432 ☐ Delete

TITLE SD  
NAME BROWN, LISA M  
STREET ADDRESS 4260 WEST WOODLAWN STREET  
CITY-ST-ZIP DUNELLON FL 34433 ☐ Delete

TITLE TD  
NAME KREWSON, KIM M  
STREET ADDRESS 8 TEAK LOOP  
CITY-ST-ZIP Ocala FL 34471 ☐ Delete

TITLE VS  
NAME WOODARD, LORI  
STREET ADDRESS P.O. BOX 528, N/A  
CITY-ST-ZIP WILLISTON FL 34450 ☐ 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 ☐ Change ☐ Addition

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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: *Kelly Sherouse* *2/2/01* *489-2857*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
Feb 08, 2001 8:00 am  
Secretary of State

02-08-2001 90022 011 \*\*\*\*\*61.25

917890



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)