

2002 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

7. Name and Address of New Registered Agent

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

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

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

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

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

TITLE SD
NAME BROWN, LISA M
STREET ADDRESS 4280 WEST WOODLAWN STREET
CITY-ST-ZIP DUNELLON FL 34433 ☐ Delete

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90085 008 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

1/28/02 352-489-2857