

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 25, 2000 8:00 am**  
**Secretary of State**

02-25-2000 90024 039 \*\*\*\*70.00

DUU13104



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # N42127</b> 1. Entity Name <b>FIRST BAPTIST CHILD CARE CENTER, INC.</b>			
Principal Place of Business <b>301 N FLORIDA AVE.</b> <b>LAKELAND FL 33801</b>		Mailing Address <b>301 N FLORIDA AVE.</b> <b>LAKELAND FL 33801-4801</b>	
2. Principal Place of Business Suite, Apt. #, etc. <b>1010 E. Memorial Blvd</b> City & State <b>Lakeland, Florida</b>		3. Mailing Address <b>1010 E. Memorial Blvd</b> Suite, Apt. #, etc. City & State <b>Lakeland, Florida</b>	
Zip <b>33801</b>	Country <b>POIK</b>	4. FEI Number <b>59-3047648</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>WELLS, EUGENE E.</b> <b>301 N. FLORIDA AVE.</b> <b>LAKELAND FL 33801</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW:</b> <b>FEE IS \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE <b>D</b> NAME <b>DENNIS, JAY</b> STREET ADDRESS <b>301 NORTH FLORIDA AVENUE</b> CITY-ST-ZIP <b>LAKELAND FL</b>	<input type="checkbox"/> Delete	TITLE <b>1010 E. Memorial Blvd</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b> NAME <b>WELLS, EUGENE E.</b> STREET ADDRESS <b>301 N FLORIDA AVE.</b> CITY-ST-ZIP <b>LAKELAND FL</b>	<input type="checkbox"/> Delete	TITLE <b>1010 E. Memorial Blvd</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b> NAME <b>DYER, WANDA</b> STREET ADDRESS <b>301 N FLORIDA AVE.</b> CITY-ST-ZIP <b>LAKELAND FL</b>	<input type="checkbox"/> Delete	TITLE <b>1010 E. Memorial Blvd.</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** WANDA L. DYER **WANDA L. DYER** 1/2400 941-688-8933