

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N42127

1. Entity Name

FIRST BAPTIST CHILD CARE CENTER, INC.

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90233 022 ****70.00

Principal Place of Business

1010 E MEMORIAL BLVD
LAKELAND FL 33801

Mailing Address

1010 E MEMORIAL BLVD
LAKELAND FL 33801

2. Principal Place of Business

3. Mailing Address

P.O. Box 90669

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Lakeland FL

Zip

Country

Zip

Country

33804 FL

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

WELLS, EUGENE E.
301 N. FLORIDA AVE.
LAKELAND FL 33801

7. Name and Address of New Registered Agent

Name: Wells, Eugene E.
Street Address (P.O. Box Number is Not Acceptable):
1010 E. Memorial Blvd
City: Lakeland FL Zip Code: 33801

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
After September 12, 2001, min. will be \$236.25

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: D
NAME: DENNIS, JAY
STREET ADDRESS: 1010 E MEMORIAL BLVD
CITY-ST-ZIP: LAKELAND FL ☐ Delete

TITLE: D
NAME: WELLS, EUGENE E.
STREET ADDRESS: 1010 E MEMORIAL BLVD
CITY-ST-ZIP: LAKELAND FL ☐ Delete

TITLE: D
NAME: DYER, WANDA
STREET ADDRESS: 1010 E MEMORIAL BLVD
CITY-ST-ZIP: LAKELAND FL ☒ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
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STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: DIRECTOR
NAME: ANITA K. LACEY
STREET ADDRESS: 1010 E. Memorial Blvd
CITY-ST-ZIP: Lakeland, FL 33801 ☐ Change ☒ Addition

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

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STREET ADDRESS: ☐ Change ☐ Addition
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: Anita K. Lacey 7-11-01 863-688-8933

CR2E037 (5/01)