

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N43137

1. Entity Name

KID ZONE CHILD DEVELOPMENT CENTER, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90002 038 ****70.00

Principal Place of Business

832 W. CANAL STREET SOUTH
BELLE GLADE FL 33430
US

Mailing Address

832 W. CANAL STREET SOUTH
BELLE GLADE FL 33430
US

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

65-0260832

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

WILIS, CASSANDRA
832 W CANAL ST.
BELLE GLADES FL 33430

Name

Same

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

Cassandra Willis

[Signature]

2/1/01

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 DV ☐ Delete
NAME BERNARD, BETTY
STREET ADDRESS 832 W CANAL ST.
CITY-ST-ZIP BELLE GLADE FL

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

TITLE DP ☐ Delete
NAME TILLMAN, NOVELLA
STREET ADDRESS 832 W CANAL ST.
CITY-ST-ZIP BELLE GLADE FL

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

TITLE D ☐ Delete
NAME WILLIS, CASSANDRA
STREET ADDRESS 832 W CANAL ST.
CITY-ST-ZIP BELLE GLADE FL

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

TITLE DS ☐ Delete
NAME PEAVY, MARGARET
STREET ADDRESS 832 W CANAL ST.
CITY-ST-ZIP BELLE GLADE FL

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

TITLE D ☐ Delete
NAME MORELAND, CASSANDRA
STREET ADDRESS 832 W CANAL ST.
CITY-ST-ZIP BELLE GLADE FL

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:

[Signature] Cassandra Willis

2/1/01 561992-428

CR2E037 (10/00)