

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90182 030 \*\*\*\*61.25

**DOCUMENT # N45900**

1. Entity Name

**NORLAND UNITED METHODIST PRESCHOOL, INC.**

Principal Place of Business

Mailing Address

885 N.W. 195TH ST.  
 MIAMI FL 33169

885 N.W. 195TH ST.  
 MIAMI FL 33169-3156

**A0054291**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0325051**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**MARILYN, MCINTOSH T.**  
**901 NW 196 ST**  
**MIAMI FL 33169**

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	TD	<input type="checkbox"/> Delete
NAME	HOLTSCLAW, DALE	
STREET ADDRESS	18702 NW 10TH CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COTTO, JOAN S	
STREET ADDRESS	1401 COTTONWOOD CIRCLE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SINCLAIR, LLOYD	
STREET ADDRESS	1401 N W 192ND STREET	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HART, MURIEL	
STREET ADDRESS	9731 GLACIER DRIVE	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TATLEEN, FRANCIS	
STREET ADDRESS	1450 NW 196TH TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MCINTOSH, MARILYN	
STREET ADDRESS	901 NW 196TH ST	
CITY-ST-ZIP	MIAMI FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TATLEEN FRANCIS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1450 N.W. 196TH TERR	
STREET ADDRESS	MIAMI FL	
CITY-ST-ZIP		
TITLE	RHONA RICHARDS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1884 N.W. 5TH CT.	
STREET ADDRESS	MIAMI FL	
CITY-ST-ZIP		
TITLE	MARY DEGRAFF	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	18934 N.E. MIAMI PL.	
STREET ADDRESS	MIAMI FL	
CITY-ST-ZIP		
TITLE	WESLEY HARRIS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	71 N.W. 184TH TERR.	
STREET ADDRESS	MIAMI FL	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*[Handwritten Signature]*

4/24/00 305 653-5645

CR2E037 (9/99)