

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 15, 2001 8:00 am
Secretary of State

06-15-2001 90171 009 *****70.00

DOCUMENT # N94000001951

1. Entity Name

THE ROSE MARIE BRYON CHILDREN'S CENTER, INC.

Principal Place of Business

Mailing Address

625 SOUTH ST.
 DAYTONA BEACH FL 32114

625 SOUTH ST.
 DAYTONA BEACH FL 32114

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 **23-7073929**

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

BRYANT, CHARLES
301 S RIDGEWOOD AVE
ROOM 230
DAYTONA BEACH FL 32114

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

Charles J Bryant

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 ☐ Delete
 NAME **M**
 STREET ADDRESS **ELAM, JANET**
 CITY-ST-ZIP **316 N CHARLES ST**
DAYTONA BEACH FL 32114

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

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **MCCRARY, EARL**
 CITY-ST-ZIP **722 HARNEY ST**
DAYTONA BEACH FL 32114

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

TITLE ☐ Delete
 NAME **DV**
 STREET ADDRESS **HOLNESS, JULIO**
 CITY-ST-ZIP **123 W INDIANA AVE**
DELAND FL 32720

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

TITLE ☐ Delete
 NAME **TD**
 STREET ADDRESS **BRYANT, CHARLES**
 CITY-ST-ZIP **301 S RIDGEWOOD AVE**
DAYTONA BEACH FL 32114

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

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **AYCOCK, MARY ANN**
 CITY-ST-ZIP **213 OCEAN PALM DRIVE**
FLAGLER BEACH FL 32136

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **BRYON, JOY**
 CITY-ST-ZIP **634 SOUTH ST**
DAYTONA BEACH FL 32114

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-8-01

0000007