## 2002 UNIFORM BUSINESS REPORT (UBR)

**SIGNATURE:** 

## Mar 18, 2002 8:00 am DOCUMENT # **N9400001951 Secretary of State** 1. Entity Name THE ROSE MARIE BRYON CHILDREN'S CENTER, INC. 03-18-2002 90189 021 \*\*\*\*61.25 Mailing Address Principal Place of Business 625 SOUTH ST. 625 SOUTH ST. DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32114 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 23-7073929 Not Applicable ... Country\_\_\_ - Zip -Country \$8.75 Additional Zip \_ 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) BRYANT, CHARLES 301 S RIDGEWOOD AVE **ROOM 230** Zip Code City DAYTONA BEACH FL 32114 FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. **Department of State** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Delete TITLE ☐ Change ■ Addition TITLE ELAM, JANET NAME STREET ADDRESS 316 N CHARLES ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 32114 ☐ Delete ☐ Change ☐ Addition TITLE NAME MCCRARY, EARL STREET ADDRESS STREET ADDRESS 122 HARNEY ST ---CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 32114 Change ☐ Addition TITI F ☐ Delete HOLNESS, JULIO NAME NAME STREET ADDRESS STREET ADDRESS 123 W INDIANA AVE CITY-ST-ZIP CITY-ST-ZIP DELAND FL 32720 ☐ Change Addition TD Delete TITLE TITLE BRYANT, CHARLES NAME NAME 301 S RIDGEWOOD AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 32114 ☐ Change ☐ Addition ☐ Delete TITLE TITLE AYCOCK, MARY ANN NAME STREET ADDRESS STREET ADDRESS 213 OCEAN PALM DRIVE CITY-ST-ZIP CITY-ST-ZIP FLAGLER BEACH FL 32136 Change ☐ Addition ☐ Delete TITLE BRYON, JOY NAME NAME STREET ADDRESS 634 SOUTH ST STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP IDAYTONA BEACH FL 32114 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.

**FILED** 

3/4/02 (386) 263-9798