

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003282

1. Entity Name

INNOVATION CHILD DEVELOPMENT CENTER, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90017 008 ****61.25

Principal Place of Business

Mailing Address

333 AUSLEY ROAD
TALLAHASSEE FL 32304

333 AUSLEY ROAD
TALLAHASSEE FL 32304-3911

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3252917

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

MC HARDY, REGINA
309 B MABRY ST
TALLAHASSEE FL 32304

Name **Jack P. Leland**

Street Address (P.O. Box Number is Not Acceptable)
15051 Leland Circle

City **Tallahassee**

FL

Zip Code **32308**

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

Jack P. Leland

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-18-00

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 **T Board Member**
STREET ADDRESS **ROSS, DANNY**
CITY-ST-ZIP **428 AUSLEY RD**
TALLAHASSEE FL 32304

TITLE ☐ Change ☒ Addition
NAME **Chairperson**
STREET ADDRESS **Carolyn Brown**
CITY-ST-ZIP **6619 Tim Tam Trail**
Tallahassee, FL 32300

TITLE ☐ Delete
NAME **T Board Member**
STREET ADDRESS **HOOVER, MELVA**
CITY-ST-ZIP **3029 SHAMROCK S**
TALLAHASSEE FL 32308

TITLE ☒ Change ☐ Addition
NAME **Board Member**
STREET ADDRESS **Michelle Young**
CITY-ST-ZIP **8231 Balmoral Drive**
Tallahassee, FL 32310

TITLE ☐ Delete
NAME **T Board Member**
STREET ADDRESS **BENJAMIN, MICHELLE**
CITY-ST-ZIP **1535-8 MCCASKILL AVE**
TALLAHASSEE FL 32310

TITLE ☐ Change ☒ Addition
NAME **Board Member**
STREET ADDRESS **Regina McHardy**
CITY-ST-ZIP **309-B Marbry Street**
Tallahassee, FL 32304

TITLE ☐ Delete
NAME **T Board Member**
STREET ADDRESS **REDDING, BILLY**
CITY-ST-ZIP **323 S PATTON**
QUINCY FL 32351

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

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:

Carolyn Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/00

CR2E037 (9/99)