

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2001 8:00 am
Secretary of State

0014392

DOCUMENT # N94000003282

1. Entity Name

INNOVATION CHILD DEVELOPMENT CENTER, INC.

01-22-2001 90035 050 ****61.25

Principal Place of Business Mailing Address
333 AUSLEY ROAD **333 AUSLEY ROAD**
TALLAHASSEE FL 32304 **TALLAHASSEE FL 32304**

00005501



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 Applied For
59-3252917 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
LELAND, JACK P
15051 LELAND CIR
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	T	<input type="checkbox"/> Delete
NAME	ROSS, DANNY	
STREET ADDRESS	426 AUSLEY RD	
CITY-ST-ZIP	TALLAHASSEE FL 32304	
TITLE	M	<input type="checkbox"/> Delete
NAME	YOUNG, MICHELLE	
STREET ADDRESS	8231 BALMORAL DR	
CITY-ST-ZIP	TALLAHASSEE, FL 32310	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BENJAMIN, MICHELLE	
STREET ADDRESS	1535-8 MCCASKILL AVE	
CITY-ST-ZIP	TALLAHASSEE FL 32310	
TITLE	T	<input type="checkbox"/> Delete
NAME	REDDING, BILLY	
STREET ADDRESS	323 S PATTON	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE	C	<input type="checkbox"/> Delete
NAME	BROWN, CAROLYN	
STREET ADDRESS	6619 TIM TAM TRAIL	
CITY-ST-ZIP	TALLAHASSEE FL 32310	
TITLE	M	<input type="checkbox"/> Delete
NAME	MCHARDY, REGINA	
STREET ADDRESS	309-B MARRBRY STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32304	

TITLE	M	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Melva Hooker	
STREET ADDRESS	3029 Shamrock St. South	
CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE	M	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Olis B. Young	
STREET ADDRESS	8231 Balmoral Dr.	
CITY-ST-ZIP	Tallahassee, FL 32310	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Jack P. Leland* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

1-10-01 (850) 575-5580
 Date Daytime Phone #

CR2E037 (10/00)