

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 31, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90113 009 \*\*\*\*61.25

**DOCUMENT # N94000003282**

1. Entity Name

**INNOVATION CHILD DEVELOPMENT CENTER, INC.**

Principal Place of Business

Mailing Address

**333 AUSLEY ROAD  
 TALLAHASSEE FL 32304**

**333 AUSLEY ROAD  
 TALLAHASSEE FL 32304**

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

**59-3252917**

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

**LELAND, JACK P  
 15051 LELAND CIR  
 TALLAHASSEE FL 32308**

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

*Jack P. Leland*

**Jack P. Leland**

**1-15-02**

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	T	<input checked="" 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	ST	<input type="checkbox"/> Delete
NAME	BROWN, CAROLYN	
STREET ADDRESS	6619 TIM TAM TRAIL	
CITY-ST-ZIP	TALLAHASSEE FL 32310	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MCHARDY, REGINA	
STREET ADDRESS	309-B MARRBRY STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32304	

TITLE	Member T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mary Walker	
STREET ADDRESS	1785 Holton St.	
CITY-ST-ZIP	Tallahassee, FL. 32310	
TITLE	Member T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Melva Hooker	
STREET ADDRESS	3089 Shamrock St. South	
CITY-ST-ZIP	Tallahassee, Florida 32309	
TITLE	Director (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	His 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:

*Carly Young*  
**Carly Young**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/17/02**

DATE

**(850) 575-5380**

Daytime Phone #

CR2E037 (9/01)