

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Member T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mary Walker	
STREET ADDRESS	1205 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	3009 Shamrock St. South	
CITY-ST-ZIP	Tallahassee, Florida 32309	
TITLE	Director (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dr. 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:

B. Young
B. Young

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/02 (850) 575-5380

Date

Daytime Phone #

CR2E037 (9/01)