

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000006072

1. Entity Name

JEFFERSON STREET BABY LAND, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90933 009 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

328 JEFFERSON STREET
 DAYTONA BEACH FL 32114
 US

328 JEFFERSON STREET
 DAYTONA BEACH FL 32114-3026
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3259331**

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

MOORE, REGINALD E
 559 DR MARY MCLEAD BETHUNE BLVD
 DAYTONA BEACH FL 32114

Name **Joan Anthony**
 Street Address (P.O. Box Number is Not Acceptable)
457 S. Ridgewood Ave.
 City **Daytona Beach** FL Zip Code **32114**

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 *Joan Anthony, Attorney* DATE **4/21/00**
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	PD	<input checked="" type="checkbox"/> Delete
NAME	COLLINS, JUANITA D	
STREET ADDRESS	216 GEORGETOWNE BLVD	
CITY-ST-ZIP	DAYTONA BEACH FL 32119	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	MOORE, GWENDOLYN W	
STREET ADDRESS	204 KEECH STREET	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HOLLOWAY, RENEE	
STREET ADDRESS	1200 BEVILLE RD	
CITY-ST-ZIP	DAYTONA BEACH FL 32115	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BYMES, TAMILA	
STREET ADDRESS	902 MILLARD COURT	
CITY-ST-ZIP	DAYTONA BEACH FL 32117	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TODMAN, DEBRA E	
STREET ADDRESS	1804 WOODEREST DR	
CITY-ST-ZIP	DAYTONA BEACH FL 32119	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MALONE, EARLENE	
STREET ADDRESS	341 JEFFERSON ST	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	

TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jacquelyn Bayce	
STREET ADDRESS	1301 Laura Dr.	
CITY-ST-ZIP	Daytona Beach FL 32119	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brian Rothwell	
STREET ADDRESS	539 S. Keech St.	
CITY-ST-ZIP	Daytona Beach FL 32114	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lawanda Johnson	
STREET ADDRESS	1645 Third St.	
CITY-ST-ZIP	Daytona Beach FL 32114	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Roderick Malone	
STREET ADDRESS	341 Jefferson St.	
CITY-ST-ZIP	Daytona Beach FL 32114	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gladys Patrick	
STREET ADDRESS	341 Jefferson St.	
CITY-ST-ZIP	Daytona Beach FL 32114	
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: *Earlene Malone* DATE **4/21/00** (904) 258-9714
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (9/99)