

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002857

1. Entity Name

O'SAY CHILD DEVELOPMENT ENRICHMENT CENTER, INC.

f

Principal Place of Business

255 S. LAKE AVE.  
PAHOKEE FL 33476

Mailing Address

P.O. BOX 574  
PAHOKEE FL 33476  
US

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

65-0594474

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

DUKES-CHISHOLM, CORNESA  
5570 RAMBLER ROSE WAY  
WEST PALM BEACH FL 33415

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

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  
After September 13, 2000 min. will be \$236.25

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 NAME	DP WILLIAMS, PATRICIA	<input type="checkbox"/> Delete
STREET ADDRESS	12178 SUNSET BLVD.	
CITY-ST-ZIP	ROYAL P.B. FL	
TITLE NAME	DVP CHISHOLM, RICHARD	<input type="checkbox"/> Delete
STREET ADDRESS	5140 PALM HILL DR., #N248	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE NAME	DT BROWN, ALBERT	<input type="checkbox"/> Delete
STREET ADDRESS	305 SEVILLE ST	
CITY-ST-ZIP	PAHOKEE FL 33476	
TITLE NAME	D DUKES-CHISHOLM, CORNESA	<input type="checkbox"/> Delete
STREET ADDRESS	5140 PALM HILL DR., #N245	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5570 Rambler Rose Way	
CITY-ST-ZIP	West Palm Beach, Florida 33415	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Cornesa Dukes-Chisholm 9-15-00 561-924-2620

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (5/00)