

Feb 07, 2000 8:00 a
Secretary of State

02-07-2000 90055 002 ****70.00

DOCUMENT # N95000004097

1. Entity Name

SPRINGHILL COMMUNITY CHILDCARE CENTER, INC.

Principal Place of Business

Mailing Address

1725 S.E. 8TH AVENUE
GAINESVILLE FL 32641P.O. BOX 13
GAINESVILLE FL 32602-0013

00015849

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3327139

Not

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75

Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MIKEL, PRINCIE
4210 S.E. 14TH TERRACE
GAINESVILLE FL 32641

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

PRINCIE MIKEL

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution.☐\$5.00 May Be
Added to FeesMake 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	MORRIS, LEON	
STREET ADDRESS	1003 SE 11TH AVE	
CITY-ST-ZIP	GAINESVILLE FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Delete
NAME	ALLEN, MARIE J	
STREET ADDRESS	805 NE 24TH TERR	
CITY-ST-ZIP	GAINESVILLE FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input type="checkbox"/> Delete
NAME	GADDY, SAMUEL	
STREET ADDRESS	3010 NW 170TH ST	
CITY-ST-ZIP	NEWBERRY FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, MARTHA	
STREET ADDRESS	2414 S.E. 13TH STREET	
CITY-ST-ZIP	GAINESVILLE FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	ST	<input type="checkbox"/> Delete
NAME	MIKEL, PRINCIE	
STREET ADDRESS	4210 S.E. 14TH TERR.	
CITY-ST-ZIP	GAINESVILLE FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	<input type="checkbox"/> Delete
NAME	LAWSON, ELLA	
STREET ADDRESS	2317 S.W. 91ST STREET	
CITY-ST-ZIP	GAINESVILLE FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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 11, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/1/2000

352/377-59