

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2001 8:00 am
Secretary of State
 05-05-2001 90824 029 ****70.00

DOCUMENT # N95000004097

1. Entity Name

SPRINGHILL COMMUNITY CHILDCARE CENTER, INC.

Principal Place of Business

1725 S.E. 8TH AVENUE
 GAINESVILLE FL 32641

Mailing Address

P.O. BOX 13
 GAINESVILLE FL 32641

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

59-3327139

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

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)

4/25/01

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** ☐ Delete
 NAME **MORRIS, LEON**
 STREET ADDRESS **1003 SE 11TH AVE**
 CITY-ST-ZIP **GAINESVILLE FL**

TITLE ☐ Change ☒ Addition
 NAME **Feltz, Bobby**
 STREET ADDRESS **6702 NW 27th Terrace**
 CITY-ST-ZIP **Gainesville FL**

TITLE **P** ☐ Delete
 NAME **ALLEN, MARIE J**
 STREET ADDRESS **805 NE 24TH TERR**
 CITY-ST-ZIP **GAINESVILLE FL**

TITLE ☐ Change ☒ Addition
 NAME **Edwards, Mack**
 STREET ADDRESS **1341 SE 23rd Avenue**
 CITY-ST-ZIP **Gainesville FL**

TITLE **VP** ☐ Delete
 NAME **GADDY, SAMUEL**
 STREET ADDRESS **3010 NW 170TH ST**
 CITY-ST-ZIP **NEWBERRY FL**

TITLE ☐ Change ☒ Addition
 NAME **Judge, Joseph**
 STREET ADDRESS **1401 NE 2nd Street**
 CITY-ST-ZIP **Gainesville FL**

TITLE **D** ☐ Delete
 NAME **MILLER, MARTHA**
 STREET ADDRESS **2414 S.E. 13TH STREET**
 CITY-ST-ZIP **GAINESVILLE FL**

TITLE ☐ Change ☒ Addition
 NAME **Roberson, Cora**
 STREET ADDRESS **1631 SE 41st Avenue**
 CITY-ST-ZIP **Gainesville FL**

TITLE **ST** ☐ Delete
 NAME **MIKEL, PRINCIE**
 STREET ADDRESS **4210 S.E. 14TH TERR.**
 CITY-ST-ZIP **GAINESVILLE FL**

TITLE ☐ Change ☒ Addition
 NAME **Pafford, Virgie**
 STREET ADDRESS **2254 NW 15th Avenue**
 CITY-ST-ZIP **Gainesville FL**

TITLE **T** ☐ Delete
 NAME **LAWSON, ELLA**
 STREET ADDRESS **2317 S.W. 91ST STREET**
 CITY-ST-ZIP **GAINESVILLE FL**

TITLE ☐ Change ☒ Addition
 NAME **Hill, James**
 STREET ADDRESS **908 SE 17th Street**
 CITY-ST-ZIP **Gainesville FL 32601**

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: *Martha Miller* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/2001

Date

Daytime Phone #

CR2E037 (10/00)