

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90438 028 \*\*\*\*70.00

**DOCUMENT # N95000004097**

1. Entity Name  
**SPRINGHILL COMMUNITY CHILDCARE CENTER, INC.**

Principal Place of Business      Mailing Address  
**1725 S.E. 8TH AVENUE**      **P.O. BOX 13**  
**GAINESVILLE FL 32641**      **GAINESVILLE FL 32641**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3327139</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
<b>MIKEL, PRINCIE</b> <b>4210 S.E. 14TH TERRACE</b> <b>GAINESVILLE, FL 32641</b>				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*      Princie Mikel, Secretary      4/9/02  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<b>T</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORRIS, LEON</b>		NAME		
STREET ADDRESS	<b>1003 SE 11TH AVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>GAINESVILLE FL</b>		CITY-ST-ZIP		
TITLE	<b>P</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALLEN, MARIE J</b>		NAME		
STREET ADDRESS	<b>805 NE 24TH TERR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>GAINESVILLE FL</b>		CITY-ST-ZIP		
TITLE	<b>VP</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GADDY, SAMUEL</b>		NAME		
STREET ADDRESS	<b>3010 NW 170TH ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NEWBERRY FL</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILLER, MARTHA</b>		NAME		
STREET ADDRESS	<b>2414 S.E. 13TH STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>GAINESVILLE FL</b>		CITY-ST-ZIP		
TITLE	<b>ST</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MIKEL, PRINCIE</b>		NAME		
STREET ADDRESS	<b>4210 S.E. 14TH TERR.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>GAINESVILLE FL</b>		CITY-ST-ZIP		
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAWSON, ELLA</b>		NAME		
STREET ADDRESS	<b>2317 S.W. 91ST STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>GAINESVILLE FL</b>		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)(l), 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*      Martha Miller      4/9/02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/01)