

2000 UNIFORM BUSINESS REPORT (UBR)

3/15

FILED
May 11, 2000 8:00 am
Secretary of State

03-15-2000 90111 018 ****70.00

DOCUMENT # N95000004850

1. Entity Name

SKILL DAY CENTER, INC.

Principal Place of Business

1644 NW 18TH ST.
 Ocala FL 34475
 US

Mailing Address

P O BOX 5625
 Ocala FL 34476-5625
 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

59-3343834

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**JONES, CALVIN
 2387 W HWY 316
 CITRA FL 32113**

7. Name and Address of New Registered Agent

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**

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

TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, CALVIN	
STREET ADDRESS	2387 W HWY 316	
CITY-ST-ZIP	CITRA FL	
TITLE	AD	<input type="checkbox"/> Delete
NAME	JONES, CATHERINE	
STREET ADDRESS	2387 W HWY 316	
CITY-ST-ZIP	CITRA FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	YOPP, CECELIA	
STREET ADDRESS	2387 W HWY 316	
CITY-ST-ZIP	CITRA FL 32113	
TITLE	BM	<input type="checkbox"/> Delete
NAME	JONES, JANET	
STREET ADDRESS	2009 SW 7TH STREET	
CITY-ST-ZIP	OCALA FL	
TITLE	BM	<input type="checkbox"/> Delete
NAME	GOLDNEAR, EVELYN	
STREET ADDRESS	1927 SW 34TH COURT	
CITY-ST-ZIP	OCALA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Miss CALVIN A. JONES	
STREET ADDRESS	2387 W Hwy 316	
CITY-ST-ZIP	Citra FL 32113	

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:

Signature Required
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-2000

Date

(352) 3514052

Daytime Phone #