

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005493

1. Entity Name

NEWBERRY COMMUNITY DAY CARE CENTER, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90048 050 ****70.00

Principal Place of Business

24505 NEWBERRY LANE
 NEWBERRY FL 32669

Mailing Address

POST OFFICE BOX 144
 NEWBERRY FL 32669-0144



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1356075**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

MCCLAIN-FRANKLIN, ELAINE
 13712 NW C.R. 235
 ALACHUA FL 32615

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	CD MCCLAIN-FRANKLIN, ELAINE	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	13712 NW CR 235 ALACHUA FL 32615	
TITLE NAME	SD HENRY, BARBARA	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1001 SW 143 STREET NEWBERRY FL 32669	
TITLE NAME	TD ISLAR, MAE	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	24434 NEWBERRY LANE NEWBERRY FL 32669	
TITLE NAME	MD MCCRAY, MARIE	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	403 N.W. 245 TERRACE NEWBERRY FL 32669	
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		
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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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-00

Date

352-472-2633

Daytime Phone #

CR2E037 (9/99)