

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 27, 2001 8:00 am**  
**Secretary of State**

01-27-2001 90083 007 \*\*\*\*70.00

**DOCUMENT # N95000005493**

1. Entity Name

**NEWBERRY COMMUNITY DAY CARE CENTER, INC.**

Principal Place of Business

**24505 NEWBERRY LANE  
 NEWBERRY FL 32669**

Mailing Address

**POST OFFICE BOX 144  
 NEWBERRY FL 32669**

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



DO NOT WRITE IN THIS SPACE

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

*Elaine McClain Franklin*

*1-18-01*

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

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

SIGNATURE:

*Elaine McClain Franklin*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/18/01*

*352-472-2306*  
 Daytime Phone #

CR2E037 (10/00)

01370