2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State
02-29-2000 90106 016 ****61.25

DOCUMENT # N97000000949

1. Entity Name

EARLY CHILDHOOD CENTERS, INC.

Principal Place of Business	Mailing Address
5421 U.S. HIGHWAY 98 SOUTH HIGHLAND CITY FL 33846	P.O. BOX 1388 HIGHLAND CITY FL 33802-0368 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
301 North Florida Ave.	P.O Box 368
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lakeland Florida	City & State: Lakeland, Florida
Zip: 33801 Country: Polk	Zip: 33802-0368 Country: ~~POLK~~ USA

4. FEI Number 59-3448765 ☐ 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
WALKER, GARY 101 EAST KENNEDY BLVD SUITE 4100 TAMPA FL 33602	Name ~ Street Address (P.O. Box Number is Not Acceptable) NO CHANGE. 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 / STREET ADDRESS / CITY-ST-ZIP	DT HART, TIM 114 N. TENNESSEE AVE LAKELAND FL 33801	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CB D HALLOCK, DAVE 1355 S. Orange Ave. BARTOW, FL 33830	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVC MORRISON, JOSEPH 3500 S FLORIDA AVE LAKELAND FL 33803-4869	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC D MORRISON, JOSEPH 3500 S. Florida Ave. LAKELAND FL 33803-4869	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC HALLOCK, DAVE 545 N BROADWAY AVE BARTOW FL 33830	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S D MOSS, JUDY 790 S. Broadway BARTOW, FL 33830	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P VIOLANO, ELAINE 149 OAK SQUARE N LAKELAND FL 33813	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T D CROWELL, MIKE 114 N. Tennessee Ave LAKELAND FL 33801	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OS MOSS, JUDY 790 S BROADWAY BARTOW FL 33830	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Daniel J. Costello 301 N. Florida Avenue Lakeland, FL 33801	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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 all other like empowered.

SIGNATURE: SIGNATURE REQUIRED PRESIDENT/CEO 2/9/00 863-682-7777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

3/22/00