2/2!

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000949

FILED
May 17, 2000 8:00 am
Secretary of State

02-29-2000 90106 016 ****61.25

1. Entity Name

EARLY CHILDHOOD CENTERS, INC.

Principal Place of Business
5421 U.S. HIGHWAY 98 SOUTH
HIGHLAND CITY FL 33846

Mailing Address
P.O. BOX 1388
HIGHLAND CITY FL 33802-0368
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 301 North Florida Ave.
Suite, Apt. #, etc.

3. Mailing Address: P.O Box 368
Suite, Apt. #, etc.

City & State: Lakeland Florida
Zip: 33801 Country: Polk

City & State: Lakeland, Florida
Zip: 33802-0368 Country: ~~USA~~ 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

WALKER, GARY
101 EAST KENNEDY BLVD
SUITE 4100
TAMPA FL 33602

7. Name and Address of New Registered Agent

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

CR2E037 (9/99)

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DT	☒ Delete	TITLE	CB D	☒ Change ☐ Addition
NAME	HART, TIM		NAME	HALLOCK, DAVE	
STREET ADDRESS	114 N. TENNESSEE AVE		STREET ADDRESS	1355 S. Orange Ave.	
CITY-ST-ZIP	LAKELAND FL 33801		CITY-ST-ZIP	BARTOW, Fl 33830	
TITLE	DVC	☒ Delete	TITLE	VC D	☒ Change ☐ Addition
NAME	MORRISON, JOSEPH		NAME	MORRISON, JOSEPH	
STREET ADDRESS	3500 S FLORIDA AVE		STREET ADDRESS	3500 S. Florida Ave	
CITY-ST-ZIP	LAKELAND FL 33803-4869		CITY-ST-ZIP	LAKELAND FL 33803-4869	
TITLE	DC	☐ Delete	TITLE	S D	☒ Change ☐ Addition
NAME	HALLOCK, DAVE		NAME	MOSS, JUDY	
STREET ADDRESS	545 N BROADWAY AVE		STREET ADDRESS	790 S. Broadway	
CITY-ST-ZIP	BARTOW FL 33830		CITY-ST-ZIP	BARTOW, Fl 33830	
TITLE	P	☒ Delete	TITLE	T D	☐ Change ☒ Addition
NAME	VIOLANO, ELAINE		NAME	CROWELL, MIKE	
STREET ADDRESS	149 OAK SQUARE N		STREET ADDRESS	114 N. Tennessee Ave	
CITY-ST-ZIP	LAKELAND FL 33813		CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	OS	☐ Delete	TITLE	P	☐ Change ☒ Addition
NAME	MOSS, JUDY		NAME	Daniel J. Costello	
STREET ADDRESS	790 S BROADWAY		STREET ADDRESS	301 N. Florida Avenue	
CITY-ST-ZIP	BARTOW FL 33830		CITY-ST-ZIP	Lakeland, FL 33801	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 REQUIRED PRESIDENT/CEO 2/9/00 863-682-2777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

3/22/00