

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2001 8:00 am
Secretary of State

08-21-2001 90036 010 ****61.25

DOCUMENT # N97000000949 1. Entity Name EARLY CHILDHOOD CENTERS, INC.					
Principal Place of Business 301 NORTH FLORIDA AVE LAKELAND FL 33801			Mailing Address PO BOX 368 LAKELAND FL 33802-0368 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 59-3448765 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 Dr. Kate Howze Street Address (P.O. Box Number is Not Acceptable) 301 North Florida Ave. City Lakeland, FL. Zip Code 33801		
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 <i>Kate Howze CEO</i> DATE <i>8/13/01</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 After September 12, 2001, min. will be \$236.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DT	<input checked="" type="checkbox"/> Delete	TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HART, TIM		NAME	Barbara Carpenter	
STREET ADDRESS	114 N. TENNESSEE AVE		STREET ADDRESS	1339 Robert King High Dr.	
CITY-ST-ZIP	LAKELAND FL 33801		CITY-ST-ZIP	Lakeland, FL. 33805	
TITLE	DVC	<input checked="" type="checkbox"/> Delete	TITLE	DVC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRISON, JOSEPH		NAME	John Ward	
STREET ADDRESS	3500 S FLORIDA AVE		STREET ADDRESS	2321 Rogers Road	
CITY-ST-ZIP	LAKELAND FL 33803-4869		CITY-ST-ZIP	Lakeland, FL. 33813	
TITLE	DC	<input checked="" type="checkbox"/> Delete	TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALLOCK, DAVE		NAME	Dr. Richard Sullivan	
STREET ADDRESS	545 N BROADWAY AVE		STREET ADDRESS	3229 Stone Water Drive	
CITY-ST-ZIP	BARTOW FL 33830		CITY-ST-ZIP	Lakeland, FL. 33803	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIOLANO, ELAINE		NAME	Kate Howze	
STREET ADDRESS	149 OAK SQUARE N		STREET ADDRESS	301 North Florida Ave.	
CITY-ST-ZIP	LAKELAND FL 33813		CITY-ST-ZIP	Lakeland, FL. 33801	
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSS, JUDY		NAME	Anne Kremer	
STREET ADDRESS	790 S BROADWAY		STREET ADDRESS	7 Lake Hollingsworth Dr.	
CITY-ST-ZIP	BARTOW FL 33830		CITY-ST-ZIP	Lakeland, FL. 33803-1313	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Kate Howze</i> REQUIRED <i>Kate Howze</i> 7/10/01 803-682-3777 x224 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

CR2E037 (5/01)