

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001052

1. Entity Name

PETER PAN DAY CARE CENTER, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90183 042 ****73.00

Principal Place of Business

1602 BRUTON BLVD.
ORLANDO FL 32805

Mailing Address

1602 BRUTON BLVD.
ORLANDO FL 32805-4230

2. Principal Place of Business

Same

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Same

City & State

Zip

Same

Country

Orange

Zip

Same

Country

Same

4. FEI Number

59-3428702

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIPLIN, GARY A
169 E. FLAGLER ST
STE 1121
MIAMI FL 33103

7. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	WILLIAMS, LILLIE PEARL	
STREET ADDRESS	700 EAST ALPINE STREET	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	VD	<input type="checkbox"/> Delete
NAME	VENSON, MAXINE	
STREET ADDRESS	1602 BRUTON BLVD.	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LAMAR-CONWAY, LILLIE J	
STREET ADDRESS	1933 WILLIAMS MANOR AVE.	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUCIOUS, CONWAY	
STREET ADDRESS	1933 WILLIAMS MANOR AVE.	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CARTER, MERRIS	
STREET ADDRESS	5230 N.O.B.T. APT. #204	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: LILLIE PEARL WILLIAMS 1-11-00 407-293-3492

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)