

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001052

1. Entity Name

PETER PAN DAY CARE CENTER, INC.

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90013 039 ****70.00

Principal Place of Business

1602 BRUTON BLVD.
ORLANDO FL 32805

Mailing Address

1602 BRUTON BLVD.
ORLANDO FL 32805

2. Principal Place of Business

1602 Bruton Blvd
Suite, Apt. #, etc.

3. Mailing Address

Same
Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Same

4. FEI Number

59-3428702

Applied For

Not Applicable

Zip

32805

Country

Orange

Zip

Same

Country

same

5. Certificate of Status Desired

☒ \$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

same

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

Lillie P. Williams
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 ☐ Delete
NAME WILLIAMS, LILLIE PEARL
STREET ADDRESS 700 EAST ALPINE STREET
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE VD ☐ Delete
NAME VENSION, MAXINE
STREET ADDRESS 1602 BRUTON BLVD.
CITY-ST-ZIP ORLANDO FL 32805

TITLE SD ☐ Delete
NAME LAMAR-CONWAY, LILLIE J
STREET ADDRESS 1933 WILLIAMS MANOR AVE.
CITY-ST-ZIP ORLANDO FL 32811

TITLE D ☐ Delete
NAME LUCIOUS, CONWAY
STREET ADDRESS 1933 WILLIAMS MANOR AVE.
CITY-ST-ZIP ORLANDO FL 32811

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ 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 P. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 5, 2001
Date

Daytime Phone #

CR2E037 (10/00)