

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002709

1. Entity Name

PETER PAN CHILD DEVELOPMENT CENTER, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

02-14-2000 90036 042 ****61.25

Principal Place of Business Mailing Address
410 NW 14TH STREET 410 NW 14TH STREET
POMPANO BEACH FL 33060 POMPANO BEACH FL 33060-5547

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 65-0759016 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
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code
LITTLE, CYNTHIA
1060 NW 6TH AVE
POMPANO FL 33060

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	D	<input type="checkbox"/> Delete	TITLE	Asst. Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRICE, ERNESTINE		NAME	Cynthia Little	
STREET ADDRESS	410 NW 14TH STREET		STREET ADDRESS	1060 N.W. 6th Avenue.	
CITY-ST-ZIP	POMPANO BEACH FL 33060		CITY-ST-ZIP	Pompano FL 33060	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLSAPS, AUDREY		NAME	Linda Jones	
STREET ADDRESS	410 NW 14TH STREET		STREET ADDRESS	1460 N.W. 3rd TERRACE.	
CITY-ST-ZIP	POMPANO BEACH FL 33060		CITY-ST-ZIP	Pompano FL 33060	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Asst. TREASURE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROCK, CLAUDETTE		NAME	Naomi McCreary	
STREET ADDRESS	410 NW 14TH ST		STREET ADDRESS	410 N.W. 14th St	
CITY-ST-ZIP	POMPANO FL 33060		CITY-ST-ZIP	Pompano FL 33060	
TITLE		<input type="checkbox"/> Delete	TITLE	Asst. SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Lois Makeland	
STREET ADDRESS			STREET ADDRESS	410 N.W. 14th St.	
CITY-ST-ZIP			CITY-ST-ZIP	Pompano FL 33060	
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		
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: Ernestine Price 2-8-00 954-983-4774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)