

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91609 001 ***140.00

90384



DO NOT WRITE IN THIS SPACE

DOCUMENT # N98000001622

1. Entity Name

GOLDEN ACRES CHILD CARE CENTER, INC.

Principal Place of Business

Mailing Address

**321 W. ATLANTIC BLVD.
POMPANO BCH FL 33061-2006****321 W. ATLANTIC BLVD.
POMPANO BCH FL 33061-2006**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-2103708

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

**ADDERLY, RALPH W
321 W. ATLANTIC BLVD.
POMPANO BCH FL 33061-2006**

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 \$61.259. 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 checked="" type="checkbox"/> Delete
NAME	GLENN, JIMMIE	
STREET ADDRESS	416 NW 9TH AVE.	
CITY-ST-ZIP	POMPANO BCH FL 33060	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, JOSEPH	
STREET ADDRESS	1501 NW 3RD WAY	
CITY-ST-ZIP	POMPANO BCH FL 33060	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> Delete
NAME	ADDERLY, RALPH W	
STREET ADDRESS	P. O. BOX 2006	
CITY-ST-ZIP	POMPANO BCH FL 33061	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	POITIER, WOODROW	
STREET ADDRESS	901 NW 4 AVE	
CITY-ST-ZIP	POMPANO BCH FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SUTTON, GLADYS	
STREET ADDRESS	217 NW 9TH ST.	
CITY-ST-ZIP	POMPANO BCH FL 33060	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	MACK, PATRICIA	
STREET ADDRESS	510 NW 16TH COURT	
CITY-ST-ZIP	POMPANO BEACH FL 33060	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/23/02

Daytime Phone #

CR2E037 (9/01)