

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005362

1. Entity Name

CENTRAL CHILD CARE DEVELOPMENT CENTER, INC.

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90036 030 ****61.25

Principal Place of Business

Mailing Address

5001 S.W. 20TH STREET
HOLLYWOOD FL 33023

5001 S.W. 20TH STREET
HOLLYWOOD FL 33023

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

59-2536313

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

MCCREA, JACOB C REV.
5001 S.W. 20TH STREET
HOLLYWOOD FL 33023

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's 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 PD
NAME MCCREA, JACOB C REV.
STREET ADDRESS 5456 MAYO STREET
CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Delete

TITLE Kevin McCrea
NAME 5456 Mayo Street
STREET ADDRESS Hollywood, FL. 33021
CITY-ST-ZIP (Vice President) ☐ Change ☒ Addition

TITLE SD
NAME MCCREA, FREMOND
STREET ADDRESS 5456 MAYO STREET
CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Delete *Delete*

TITLE T
NAME Melanius M. Joseph
STREET ADDRESS 4300 S.W. 24th St.
CITY-ST-ZIP Hollywood, FL. 33023 ☒ Change ☐ Addition

TITLE TD
NAME WASHINGTON, GLORIA
STREET ADDRESS 5733 WILEY ST
CITY-ST-ZIP HOLLYWOOD FL 33023 ☐ Delete

TITLE D
NAME Charles McCrea
STREET ADDRESS 5207 Fletcher St.
CITY-ST-ZIP Hollywood, Fla. 33021 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE S
NAME Samuel McCrea
STREET ADDRESS 2122 Adams Street
CITY-ST-ZIP Hollywood, FL. 33020 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

1/18/001
Date

Daytime Phone #

CR2E037 (10/00)