

2002 UNIFORM BUSINESS REPORT (UBR)

0017178

DOCUMENT # N98000005362

1. Entity Name

CENTRAL CHILD CARE DEVELOPMENT CENTER, INC.

FILED

02 SEP 19 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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 05-0936117
59-2506849

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MCCREA, JACOB C REV.	
STREET ADDRESS	5456 MAYO STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MCCREA, KEVIN	
STREET ADDRESS	4300 SW 24TH ST	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WASHINGTON, GLORIA	
STREET ADDRESS	5733 WILEY ST	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE	T	<input type="checkbox"/> Delete
NAME	JOSEPH, MELANIUS M	
STREET ADDRESS	4300 S.W. 24TH ST.	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCREA, CHARLES	
STREET ADDRESS	5207 FLETCHER ST.	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MCCREA, SAMUEL	
STREET ADDRESS	2122 ADAMS STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33020	

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gloria Washington	
STREET ADDRESS	5733 Wiley St.	
CITY-ST-ZIP	HOLLYWOOD FLA. 33023	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tosha Daniels	
STREET ADDRESS	20545 N.W. 30th Ave	
CITY-ST-ZIP	Carol City FLA. 33056	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500007893535--9	
STREET ADDRESS	-09/20/02--01065--008	
CITY-ST-ZIP	*****70.00 *****70.00	
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

September 12, 2002

CENTRAL CHILD CARE DEVELOPMENT CENTER, INC.
5001 S.W. 20TH STREET
HOLLYWOOD, FL 33023

SUBJECT: CENTRAL CHILD CARE DEVELOPMENT CENTER, INC.
Ref. Number: N98000005362

Please be advised, we have received your request to file an amended uniform business report for the above corporation; however, the document **has not been filed** and is being returned for the following:

The filing fee for an amended annual report/uniform business report is \$61.25.

The person that signed the annual report/uniform business report is not listed as a current officer/director of the corporation. The person signing must be listed as a current officer/director on the report or on an attachment.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Kathy Ashton
Document Specialist

Letter Number: 502A00052337

*Please find enclosed the necessary corrections
on the amended annual Report and a
Money order for 61.25. RE Annual Fee.
+ 8.75 Certificate
70.00*

Thank you.
Aloria Washington

CENTRAL CHILDCARE DEVELOPMENT CENTER, INC.
5001 SOUTHWEST 20th STREET
HOLLYWOOD, FLORIDA.

33023
(954)961-3956 FAX#(954)962-9828



EXECUTIVE BOARD

PRESIDENT
REV.DR.JACOB MCCREA

VICE PRESIDENT
KEVIN MCCREA

TRUSTEE
MARK JOSEPH

SECRETARY
SAMUEL MCCREA

DIRECTOR
GLORIA WASHINGTON

To whom it may concern;

I Rev. Jacob McCrea resigned as president of
said corporation effective Friday, September 6, 2002
Reason due to health conditions.

I have given Gloria Washington director of this
business full ownership, therefore she will be
president, and will make all necessary decisions.

Sincerely:

A handwritten signature in cursive script that reads "Rev Jacob McCrea". The signature is written in dark ink and is located below the word "Sincerely:".

Rev. Jacob McCrea

If you have any questions please call (954)987-5283