

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000007137

1. Entity Name

STEPS CHRISTIAN FAMILY DAY CARE, INC.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90271 037 ****61.25

Principal Place of Business

2176 SAN PABLO COURT
MIDDLEBURG FL 32068

Mailing Address

2176 SAN PABLO COURT
MIDDLEBURG FL 32068-6904

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

59-3547201

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

HAMILTON, CHERESA Y.
2176 SAN PABLO COURT
MIDDLEBURG FL 32068

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 CHERESA Y. HAMILTON

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/00

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 HAMILTON, CHERESA Y
STREET ADDRESS 2176 SAN PABLO COURT
CITY-ST-ZIP MIDDLEBURG FL 32068 ☐ Delete

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

TITLE VPD
NAME DIXON, DIANE
STREET ADDRESS 2176 SAN PABLO COURT
CITY-ST-ZIP MIDDLEBURG FL 32068 ☐ Delete

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

TITLE SD
NAME HAMILTON, DIANE
STREET ADDRESS 2176 SAN PABLO COURT
CITY-ST-ZIP MIDDLEBURG FL 32068 ☐ Delete

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

TITLE TD
NAME HAMILTON, ANN
STREET ADDRESS 2176 SAN PABLO COURT
CITY-ST-ZIP MIDDLEBURG FL 32068 ☐ Delete

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

TITLE PAR
NAME DIXON, MONROE
STREET ADDRESS 2176 SAN PABLO COURT
CITY-ST-ZIP MIDDLEBURG FL 32068 ☐ Delete

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/00

CR2E037 (9/99)