

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000219

1. Entity Name

COOPER'S FAMILY DAYCARE, INC.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90049 007 ****72.00

Principal Place of Business

210 NE 23RD ST
POMPANO BEACH FL 33060

Mailing Address

210 NE 23RD ST
POMPANO BEACH FL 33060

800 50544



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

210 NE 23rd St.
Suite, Apt. #, etc.

3. Mailing Address

210 NE 23rd St.
Suite, Apt. #, etc.

City & State

Pompano Fla.

City & State

Pompano Fla.

4. FEI Number

APPLIED FOR

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COOPER, KAREN
210 NE 23RD ST
POMPANO BEACH FL 33060

7. Name and Address of New Registered Agent

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

Karen Loretta Cooper
Signature: Typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-24-01

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

TITLE PD
NAME COOPER, KAREN ☐ Delete
STREET ADDRESS 210 NE 23RD ST
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE SD
NAME BOYCE, RANDOLPH ☐ Delete
STREET ADDRESS 210 NE 23RD ST
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE TD
NAME LITTLE, JANICE ☐ Delete
STREET ADDRESS 210 NE 23RD ST
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ 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:

Karen Loretta Cooper
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-24-01 954-783-0566

CR2E037 (10/00)

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