

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000799

1. Entity Name

THE FUND FOR CHILD DEVELOPMENT CENTER, INC.

FILED

Feb 20, 2002 8:00 am  
Secretary of State

02-20-2002 90118 014 \*\*\*\*70.00

Principal Place of Business

Mailing Address

4620 17 STREET  
SARASOTA FL 34235

4620 17 STREET  
SARASOTA FL 34235

2. Principal Place of Business

3. Mailing Address

1226 N. Tamiami Trail

Suite, Apt., #, etc.  
Suite 302

Suite, Apt., #, etc.  
Suite 302

City & State  
Sarasota FL

City & State  
Sarasota FL

Zip  
34236

Country  
USA

Zip  
34236

Country  
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1027375

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

HOWARD, PETER D  
4620 17 STREET  
SARASOTA FL 34235

Name

Denise Roberts

Street Address (P.O. Box Number is Not Acceptable)

1226 N. Tamiami Trail  
Suite 302

City

Sarasota

FL

Zip Code

34236

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

Denise Roberts Denise Roberts Executive Director 1-30-02

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 NAME STREET ADDRESS CITY-ST-ZIP	CD MCDANIEL, BILL 400 MADISON DRIVE SARASOTA FL 34236	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD ERB, CALVIN W 31488 SOUTH GATE CIRCLE SARASOTA FL 34239	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CALDWELL, KELLY 201 CENTER ROAD VENICE FL 34292	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOWARD, PETER D 4620 17TH STREET SARASOTA FL 34235	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman/Director Tom Dart 1549 Ringling Blvd Suite 600 Sarasota FL 34236	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Chairman/Director Tom Bussett 603 Morningside Drive Sarasota FL 34236	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer/Director Ray Suplee 800 South Osprey Ave. Sarasota FL 34236	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 Caldwell

Date

Daytime Phone #

1-31-02 493-3600

CR2E037 (9/01)