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2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 25, 2001 8:00 am
Secretary of State

02-28-2001 90136 025 ***158.75

DOCUMENT # P00000084316

1. Entity Name

LITTLE CITIZENS CHILD DEVELOPMENT CENTER, INC.

Principal Place of Business

414 WEST 6TH STREET
LAKELAND FL 33805

Mailing Address

414 WEST 6TH STREET
LAKELAND FL 33805

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

59-3670899

Applied For

Not Applicable

5. Certificate of Status Desired

25

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEONARD, CATHERINE D
414 WEST 6TH STREET
LAKELAND FL 33805

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

Catherine D Leonard

Signature, typed or printed name of registered agent (if applicable)

(NOTE: Registered Agent signature required when re-registering)

2/13/01
DATE9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
DP	LEONARD, CATHERINE D	414 WEST 6TH STREET	LAKELAND FL 33805	☐
DV	BROWN, HAROLD E	1019 W 7TH STREET	LAKELAND FL 33805	☐
DST	HAYNES, SUSAN C	414 WEST 6TH STREET	LAKELAND FL 33805	☐
				☐
				☐
				☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other title empowered.

SIGNATURE

Catherine D Leonard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

863-6880823

Daytime Phone #

CR2E034 (10/00)