

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P01000061777**

1. Entity Name  
**Easy Haven Day Care and Learning Center, Inc.  
of Central Florida**

03 OCT -3 PM 2:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**519 Clark Street**  
Suite, Apt. #, etc.

3. Mailing Address  
**519 Clark Street**  
Suite, Apt. #, etc.

**2003 AMENDED**

City & State  
**Eatonville, FL 32751**  
Zip  
**32751**

City & State  
**Eatonville, FL 32751**  
Zip  
**32751**

4. FEI Number  
**59-3745364**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
**Sandra Dortch**

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

**8011 Rogers Ave**

City  
**Mailhard**

**FL**

Zip Code  
**32751**

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Clifford Taylor PO Box 2244 Eatonville, FL 32751</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President Francesca Sealey PO Box 2155 Eatonville, FL 32751</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary Jacque Harris 317 Teakwood Ln Arla Monte Springs FL 32724</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer Idella Taylor 515 Clark St #1 Eatonville, FL 32751</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Parliamentarian George Hardy PO Box 2244 Eatonville, FL 32751</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>300024258483 10/29/03--01067--025 **61.50</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 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 #

CR2E034B (12/01)