

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000001262

1. Entity Name

CHILD CARE PUBLICATIONS, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90144 016 ***150.00

Principal Place of Business

1326 N.W. 12TH ROAD
GAINESVILLE FL 32605

Mailing Address

CHILD CARE PUBLICATIONS, INC.
P.O. BOX 12024
GAINESVILLE 32604-0024
FL

2. Principal Place of Business

1326 NW 12th Rd

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gainesville, FL

City & State

4. FEI Number

59-3364841

Applied For

Not Applicable

Zip

32605

Country

USA

Zip

Country

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

DRAKE, ELIZABETH D
1029 NW 36TH TER
GAINESVILLE FL 32605

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

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS DRAKE, ELIZABETH D
CITY-ST-ZIP 1029 NW 36TH TER
GAINESVILLE FL 32605

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

TITLE ☐ Delete
NAME D
STREET ADDRESS GILROY, ANNE E
CITY-ST-ZIP 1326 NW 12TH RD
GAINESVILLE FL 32605

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anne Gilroy 4-1-00

Date

(352)376-0292

Daytime Phone #

CR2E034 (9/99)