2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2000 8:00 am
Secretary of State
06-20-2000 90007 026 ***150.00

DOCUMENT # P97000066968 R

1. Entity Name
KiDS Zone Child Care, Inc.

R

Principal Place of Business
1302 NW 12th Street
Gainesville, Fla. 32603

Mailing Address
P.O. Box 358170

2. Principal Place of Business
1302 NW 12th Street
Suite, Apt. #, etc.
—
City & State
Gainesville Fla
Zip 32603 Country USA

3. Mailing Address
P.O. Box 358170
Suite, Apt. #, etc.
City & State
Gainesville Fl
Zip 32635 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
593459913
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Barbara Rochelle Cummings
4301 NW 51st Drive
Gainesville Fl 32603

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 Barbara Cum
Signature, typed or printed name of registered agent and title if applicable.
(NOTE: Registered Agent signature required when reinstating)
DATE 7-28-00

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	Barbara R. Cummings (Rochelle) P.O. Box 358170 Gainesville, Fl. 32635 President ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Leon Lamar Cummings P.O. Box 358170 Gainesville, Fl. 32635 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Cicely Rochelle P.O. Box 434 Micanopy, Fl. 32667 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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: Barbara R. Cummings 6-8-00 352 271-0447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
P97000066968

109232

KIDS ZONE CHILD CARE, INC.
P.O. BOX 358170 GAINESVILLE, FLA. 32535

SUBJECT: KID'S ZONE CHILD CARE, INC.
REFERENCE NUMBER: P97000066968

TO WHOM THIS MAY CONCERN:

KID' S ZONE CHILD, CARE INC. HAD NOT RECEIVED REPORT ON OR BEFORE MAY, 2000 THEREFORE , I BARBARA CUMMINGS CALLED REQUESTING ANNUAL REPORT/UNIFORM BUSINESS REPORT FOR THE ABOVE CORPORATION AND CHECK TOTALING $150 00 IN WHICH HAVE CLEARED

TO AVOID $400 00 LATE FEE I RETURNED THE CORRECTED REPORT WITH 30 DAYS OF THE DATE OF LETTER DATED MAY 17, 2000. I AM REQUESTING FOR LATE FEE OF $400.00 TO BE WAIVED

ANY FUTURE QUESTING PLEASE CALL BARBARA CUMMINGS, (352) 271-0447

I HAVE ENCLOSED ANNUAL REPORT /UNIFORM BUSINESS REPORT AS WELL AS LETTER, AND $8.75 MONEY ORDER BECAUSE I DESIRE A COPY FOR CERTIFICATE OF STATUS.

BARBARA R. CUMMINGS,
PRESIDENT

KIDS ZONE CHILD CARE, INC.
P.O. BOX 358170 GAINESVILLE, FLA. 32535

3201 NW 12TH STREET

KIDS ZONE

KIDS ZONE CHILDCARE CENTER
1302 NW 12th ST.
P.O. BOX 358170
GAINESVILLE, FL 32653

Attachment
P9 7000 4469 68

108232

I Called on 9/11/00 at 9:40 Am.
He Questing Status of report Michelle
told me she didn't see any updated
info since 7/22/00 so I am
sending information on 9/11/00.

Barbara Cuy.