## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

## Apr 23, 2001 8:00 am Secretary of State DOCUMENT # P97000095524 1. Entity Name HIGHER STANDARDS CHILD DEVELOPMENT CENTER, INC. 04-23-2001 90197 047 \*\*\*150.00 Principal Place of Business Mailing Address 7344 HABBERSHAM DRIVE 7344 HABBERSHAM DRIVE \*\*\*\*\* ORLANDO FL 32818 ORLANDO FL 32818 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3477798 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DAVIS, PHYLLIS G Street Address (P.O. Box Number is Not Acceptable) 7344 HABBERSHAM DRIVE ORLANDO FL 32818 Zip Code FI 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME DAVIS, PHYLLIS G STREET ADDRESS STREET ADDRESS 7344 HABBERSHAM DRIVE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32818 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME DAVIS. WAYNE K STREET ADDRESS STREET ADDRESS 7344 HABBERSHAM DRIVE CITY-ST-7/P CITY-ST-ZIE ORLANDO FL 32818 ☐ Change ☐ Addition ☐ Detete TITLE TITLE GLENN, BRENDA A. NAME .NAME STREET ADDRESS STREET ADDRESS 2405 E KALEY ST CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32806 Addition TITLE □ Delete TITLE Change NAME GLENN, CAROLYN A NAME STREET ADDRESS STREET ADDRESS 2405 E KALEY ST CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32806 TITLE ☐ Delete TITI F Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

Daytime Phone #