May 05, 1999 8:00 am Secretary of State

05-05-1999 90025 008 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000044153

1. Corporation Name

CITY-ST-ZIP

Principal Place of Business

UNITY CHILDCARE PROFESSIONALS ASSOCIATION INC.

2108 SAN JOSE BLVD ORLANDO FL 32808		2106 SAN JOSE BLVD ORLANDO FL 32808		DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed 05/14/1998			
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	a		pplied For	
21		26			59-352296	27		ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired			Additional lequired	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
Zip	Country 25	Zip 29 30	Country		This corporation owes the current Personal Property Tax.		ngible	□No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	gistered A	gent	
			81	Name				
COWAN, MAE E 2108 SAN JOSE BLVD			82	Street Ac	ddress (P.O. Box Number is Not Acceptable	e)		
ORL	ANDO FL 32808		83					
			84	City		FL	85 Zip	Code
office or o	egistered agent, or both, in the State	of Florida. Such change was author ations of, Section 607.0505, Florida 9	ized by	the corpora	orporation submits this statement for the particular or submits this statement for the particular of directors. I hereby accept	the appoin	tment as re	egistered
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: Regis	tered Ager	nt signature requ	uired when reinstalling)	DATE		
12.	OFFICERS A		13		ADDITIONS/CHANGES TO OFFI	CERS AND		
TITLE	DP	☐ DELETE	1.1 TITLE	\ 			☐ Change	Addition
NAME	COWAN, MAE ESTHER		1.2 NAME					ĺ
STREET ADDRESS	2108 SAN JOSE BLVD		1.3 STREE	TADDRESS				1
CITY-ST-ZIP			1.4 CITY-S	T-ZIP				
TITLE			2.1 TITLE				☐ Change	Addition
NAME	GAINES, CORLISS		2.2 NAME	Į.				1
STREET ADDRESS	2108 SAN JOSE BLVD	1	2.3 STREE	TADDRESS				
CITY-ST-ZIP	ORLANDO FL 32808		2. 4 CITY-S	ST-ZIP			[] ()	Addition
TITLE	D		3.1 TTTLE				Change	☐ Addition {
NAME	HATCHER, MARY		3.2 NAME					1
STREET ADDRESS	2108 SAN JOSE BLVD		-	TADORESS				ļ
CITY-ST-ZIP	ORLANDO FL 32808		34 CITY-S	ST-ZIP			Change	Addition
TITLE		-	4.1 TITLE				[_] Change	[] Addition
NAME			4.2 NAME					
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			Change	Addition
TITLE			5.1 TITLE 5.2 NAME					
NAME				TADDRÉSS				
STREET ADDRESS			5.4 CITY-S	\				
CITY-ST-ZIP			5.4 CH Y-S 6.1 TITLE	11-211			Change	Addition
ΠΠLE			6.2 NAME				□ change	
NAME				TADDOCCC				Ì
STREET ADDRESS			0.3 STREE	T ADDR£SS				

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

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